L17000119306

(Req	uestor's Name)	
(Add	ress)	
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PICK-UP	MAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	





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COVER LETTER

TO:

Registration Section
Division of Corporations

Tallahassee, FL 32314

PALM BEA	ACH 3460 SOB LLC			
	Name of Lin	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Picase return all correspo	ndence concerning this matter	to the following:		
	IRA TAMIGIAN			
		Name of Person		•
	PALM BEACH 3460 SOE	BULC		
		Firm/Company		•
	3460 S OCEAN BLVD, 5	11		~3
		Address		022
	PALM BEACH, FL 33480)		2022 DEC 27 PM 2: 32
		City/State and Zip Code	-	1.01
	madamira@me.com			PH
	E-mail address: (to be used for future annual report no	lification)	(A)
For further information of	oncerning this matter, please o	all:		7- 2
IRA TO	MIGIAN	a (223) 53	GE .1391	
Name o	f Person	Area Code Daytir	ne Telephone Number	
Enclosed is a check for the	c following amount:			
□ \$25.00 Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	te of Status &
Mailing Addres	_	Street Address:		
Registration S		Registration Se		
Division of C P.O. Box 632		Division of Co The Centre of		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PALM BIACH 5400 SOB LEC			<u>.</u>				
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	any as it now appears on our records.) Liability Company)						
he Articles of Organization for this Limited Liability Company lorida document number 1.17000119306	were filed on MAY 30, 2017		and assig	;ned			
his amendment is submitted to amend the following:							
A. If amending name, enter the new name of the limited liability company here:							
he new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or	the abbrevia	ition "L.L.	c."			
Enter new principal offices address, if applicable:							
Principal office address MUST BE A STREET ADDRESS)			022				
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			27	P4.M.			
nter new mailing address, if applicable:		Ž.,	P	1 1			
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Mailing address MAY BE A POST OFFICE BOX)			· · · ·				
			<u>: ~</u>				
Name of New Registered Agent:	address on our records, enter the	name of t	the new	registe			
Now Poolstand Office Address							
New Registered Office Address:	Enter Florida street address						
	, Florid	.8					
	City		p Code				

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
AMBR	IRA TAMIGIAN	3460 S OCEAN BLVD, 511	= Add
		PALM BEACH, FL 33480	□Remove
			Change
AMBR	STEVEN MAGNUSON	3460 S OCEAN BLVD, 511	≣ Addi
		PALM BEACH, FL 33480	20 Remove
			DEC Ghange
			2. Ω 2. □Remove
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fective date, if other in effective date is listed, t	than the date of	filing:		(optional)	_	
ote: If the date inserted	d in this block does	s not meet the appli	cable statutory fi	r more than 90 day: ling requirement	s after filmg.) s, this date v	Pursuant to vill not be	o 605.02 e listed :
cument's effective date	e on the Departmer	nt of State's record.	S.				
ecord specifies a delay- is filed.	ed effective date, b	ut not an effective	time, at 12:01 a.i	m, on the earlier	of:(b) The	90th day	after th
ted		2022					
ted	11 9		·				
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Typed or printed name of signee