

## Florida Department of State

**Division of Corporations** Electronic Filing Cover Sheet

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(((H17000284037 3)))



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Division of Corporations

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From:

Account Name : BROAD AND CASSEL (BOCA RATON)

Account Number : 076376001555 Phone : (561)483-7000 Fax Number : (561)483-7321

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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SECRETARY OF STATE

Fax Audit No. H17000284037 3

## ARTICLES OF AMENT MENT TO ARTICLES OF ORGANIZATION OF

	ME JUPITE			<u></u>
(Name of the Limite	d Liability Compar A Florida Limited I.	ny as it now appears o liability Company)	n our records.)	
the Articles of Organization for this Limited Li lorida document number L17000163712	ability Company	were filed on A	ugust 1, 2017	and assigned
his amendment is submitted to amend the follo	wing:			
s. If amending name, enter the new name of	the limited liab	ility company here	<b>!</b>	
he now name must be distinguishable and contain the w	ords "Limited Liabil	ity Company," the desi	gnation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)		11858 179TH CT		
		JUPITER, FL 33	478	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		11858 179TH CT	.ии	
		JUPITER, FL 33	478	
B. If amending the registered agent and registered agent and/or the new registered of	or registered of the state of t	<u>re</u> :	our records, <u>ent</u>	er the name of the t
Name of New Registered Agent:		. "		
New Registered Office Address:	11858 179TH		da street address	
	JUPITER		Florida	33478
		City		Zip 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 Changing Regiziered Agent, Signature of New Registered Apont

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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> Fitle</u>	Name	Address	Type of Action
MGR	MICHAEL KERN	11858 179TH CT N	Add
		JUPITER, FL 33478	☐ Remove
			□ Change
AMBR	APRIL KERN	371 REGATTA DRIVE	□ Add
		JUPITER, FL 33477	■ Remove
			☐ Change
			Add
			☐ Remove
			ZIIINOV 16 AM 11: 06 ZIIINOV 1
			TILE TARROY OF CHIEF CHI
			E.F. E.F.
			<b>6</b>
			□ Remove
			C Change
			D Add
			☐ Remave
			Change

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D. If amending any other informatio	n, enter change(s) here: (Attach ad	dditional sheets, if necessary.)
	·	TOLING 16
		<del></del>
		SSEE. FLORIT
·		mor 3
		0.7
	<u> </u>	
<del>- 11 - 1</del> - 1	<u></u>	
		<del></del>
m mrs. W. Jan. Markon than the	tote of filing:	(optional)
E. Effective date, if other than the c (If an effective date is listed, the date must <u>Note:</u> If the date inserted in this blo- document's effective date on the De	be specific and cannot be prior to date of fitte ok does not meet the applicable statutor;	ing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) ry filing requirements, this date will not be listed as the
If the record specifies a delayed (b) The 90th day after the reco	effective date, but not an effective date, but not an effective is filed.	tive time, at 12:01 a.m. on the earlier of:
	2017	
Dated OCTOBER 27		
	4//	_
	Signature of a member or authorized represe	entative of a member
	MICHAEL KERN, MANAG	GER
	Typed or printed name of si	

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