## 11800054451

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## **COVER LETTER**

	egistration Sec ivision of Corp		-		
Stin inere		M BEACH FINANCIAL CEN	TER LLC		
SUBJECT	;	Name of Lim	ited Liability Company		
The enclos	ed Articles of z	Amendment and fee(s) are sub-	mitted for filing.		
Please retu	rn all correspoi	ndence concerning this matter	to the following:		
		REBECCA B ESPULGAR	L		
			Name of Person		
			Firm/Company		
		2101 VISTA PARKWAY	SUITE #285	72	100 T
			Address		30
		WEST PALM BEACH, FI	_ 33411		ب ا
			City/State and Zip Code	<del>.</del>	
		E-mail address: (	to be used for future annual report notifi	cation)	— —
For further	information co	oncerning this matter, please co	alt:		
REBECC/	A B ESPULGA	.R	561 635-9568 at ( )		
	Name of	Person		Telephone Number	
Enclosed is	s a check for th	e following amount:			
■ \$25.00 Filing Fee   □ \$30.00 Filing Fee & Certificate of Status			☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclo	
		ING ADDRESS:	STREET/COURIE Registration Section		

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

WEST PALM BEACH FINANCIAL CENTER LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\frac{03/01/2018}{1}$ and assigned Florida document number  $\frac{1.18000054451}{1.18000054451}$ This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreyiation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: PROFESSIONAL ACCOUNTING LDC LLC Name of New Registered Agent: 3676 COLLIN DRIVE SUITE #15 New Registered Office Address: Enter Florida street address Florida 33406 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.

WEST PALM BEACH

City

If Changing Registered Agent, Signature of New Registered Agent

It 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

Title .	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
	REBECCA B ESPULGAR	6827 ALISO AVE	
MGRM			
		WEST PALM BEACH, FL 33411	
			Remove
			☐ Change
	JOVITA T KHAMDET	5312 GRAND BANKS BLVD	
MGRM			
		GREENACRES, FL 33463	
			□ Remove
			Change
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ective date, if other than the date of filing:		(optional)		
effective date is listed, the date must be specific and cannot be prior to date of filin e: If the date inserted in this block does not meet the applicable statutory	g or more than 90 da y filing requiremen	iys after filing. its, this date	) Pursuant to will not be	605.026 listed (
ument's effective date on the Department of State's records.				
record specifies a delayed effective date, but not an effect	rive time lat 15	2:01 a m	on the ea	rlier
he 90th day after the record is filed.	iive tille, de 12			
SEPTEMBER 14 2018				
ed SEPENDER 14				

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Typed or printed name of signee

Filing Fee: \$25.00