Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6363

From:

Account Name : ROBERT LEE SHAPIRO, P.A.

Account Number : 119990000101 : (561)691-0059 Fax Number : (561)691-0066

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

jgifford@thevickargroup.com Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 2545 OLD OKEECHOBEE, LLC

Certificate of Status	0
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Electronic Filing Menu

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Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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ALCONO ON SEC.

2545 OLD OKEECHOBEE, LLC
(Name of the Limited Liability Company a

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

Florida document number L18000058644				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	pility company here:			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	2545 Old Okeechabee Road			
(Principal office address MUST BE A STREET ADDRESS)	West Palm Beach, FL 33409			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	2545 Old Okcechobee Road West Palm Beach, FL 33409			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
	. Florida			

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 Registered Agent, Signature of New Registered Agent

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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>Title</u>	Name	<u>Address</u>	Type of Action
MGR	Kerry Vickar	112 South Tryon Street, Suite 200	
		Charlotte, NC 28284	■ Remove
			☐ Change
MGR	LKV, LLC	2545 Old Okeechobee Road	A dd
		West Palm Beach, FL 33409	□ Remove
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Note:	ective date is listed, the dat If the date inserted in the ent's effective date on t	iis block does no	ot meet the appli	cable statutory	or more than 90 day filing requiremen	ys after filing.) I ts, this date w	Pursuant to 605.020 iff not be listed a
ie reci The	ord specifles a deli 90th day after the	ayed effective record is file	e date, but n d.	ot an effectiv	ve time, at 12	:01 a.m. o	n the earller o
Dated '	August 10		2018	> .	·		
• • •	_			-			
		Signature of	a member maut	idrized rentesent	ative of a member		
		Signature Of	· · · · · · · · · · · · · · · · · · ·	toricos represente	an was a member		

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Filing Fee: \$25.00