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PICK-UP		
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COVER LETTER

TO:	Registration Section
	Division of Corporations

Legal Advisory Services

SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Roland Salloum

Name of Person

Law Office of Roland Salloum

Firm/Company SIST North Flagler Dr. Je Address Sw. Je P-300

West Palm Beach, Florida 33401

City/State and Zip Code

R@Salloum.Legal

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

at (_____) <u>351.2451</u> Area Code Daytime Telephone Number Roland Salloum Name of Person

Enclosed is a check for the 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 enclosed)

Mailing Address: **Registration Section Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address: **Registration Section Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF	
_	DRGANIZATION
LEGAL ADVISORY SERVICES LLC	2020 H - 3 PH 2: 12
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L18000134409	were filed on 05/30/2018 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
e franciung hand, <u>enter de liev hand vi de hintea an</u>	<u></u>
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:	515 North Flagier Drive
Principal office address MUST BE A STREET ADDRESS)	Suite P-300
	West Palm Beach, Floirda 33401
Enter new mailing address, if applicable:	515 North Flagler Drive
Mailing address MAY BE A POST OFFICE BOX)	Suite P-300
	West Palm Beach, Florida 33401
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here: Name of New Registered Agent:	address on our records, <u>enter the name of the new regis</u>
New Registered Office Address:	
	Enter Florido street address

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.

Cuv

, Florida _.

Zip Code

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

MGR = Manager AMBR = Authorized Member

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	<u>Title</u>	Name	Address	Type of Action
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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	ive date, if other than the date of filing: ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.02 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed	207 as
locun	the fire date inserted in this object does not incert the appreciate statutory fining requirementations date on the Department of State's records.	
recor d is fi	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the	he

Dated May 4		
Refance	Signature of a member or authorized representative of a member	
Roland S. Salloum		

Typed or printed name of signee