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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	<u> </u>
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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TO:	Registration Sec Division of Corp		t		
end iez		EST PALM BEACH, LLC			
SUBJEC	::		ed Liability Company		
The encl	losed Articles of a	Amendment and fee(s) are subn	nitted for filing.		
Please re	eturn all correspo	ndence concerning this matter t	o the following:		
		SCOTT WEISBURD, ESQ			
			Name of Person		
		WEISBURD, EISEN & PC	OSSENTI, P.A.		
	Firm/Company				
	2751 EXECUTIVE PARK DRIVE, SUITE 104				
			Address	· 	
		WESTON, FLORIDA 333.	31		
			City/State and Zip Code		
		E-mail address: (t	o be used for future annual report notifi	cation)	
For furt	her information c	oncerning this matter, please ca	ill:		
SCOTT	r weisburd	· ·	954 473-0500 at ()		
-	Name o	f Person	Area Code Daytime	Telephone Number	
Enclose	ed is a check for th	ne following amount:			
\$25	0.00 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 Talfahassee, FL 32314

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STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AHC OF WEST PALM BEACH, LLC		
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	y as it now appears on our records.) lability Company)	
The Articles of Organization for this Limited Liability Company $\frac{1}{1}$	were filed on MAY 31, 2018	and assigned
This amendment is submitted to amend the following:		
	Itan anno mana kama	
A. If amending name, enter the new name of the limited liabi	nty company nere:	
The new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or	the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		· 2
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		1
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, g	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Flori	daZip Code
	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 Registered Agent, Signature of New Registered Agent

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>	<u>Name</u>	<u>Address</u>	Type of Action
MGR	SCARDINA, CHARLES M., JR.	7593 BOYNTON BEACH BLVD., SUITE 220	
		BOYNTON BEACH, FLORIDA 33437	Remove
			Change
MGR	AHC OF WPB MANAGER LLC, a Florida limited liability company	7593 BOYNTON BEACH BLVD., SUITE 220	■ Add
		BOYNTON BEACH, FLORIDA 33437	Remove
			Change
			☐ Remove
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reflectiv <u>te:</u> If th	re date is fisted, th he date inserted	than the date of e date must be speci- in this block does on the Departmen	not meet the	e prior to date of applicable state	illing of more mar	(optional 90 days after filin rements, this dat) g.) Pursuant to 605.020 e will not be listed a
record The 90	d specifies a oth day after	delayed effect the record is f	ive date, b iled.	ut not an eff	ective time,	at 12:01 a.m	on the earlier (
	,			11			
ted	TOBER	29	. 2019	<u>//</u> .			
			/	/			
		Signatur	e of a member	or authorized rep	resentative of a me	mber	

Page 3 of 3

Filing Fee: \$25.00