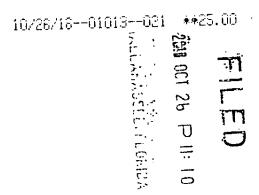
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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(	,	,
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	







# **COVER LETTER**

TO: Registration Se Division of Cor				
SUBJECT: Will	Name of Limit	Palm Beach, Cited Liability Company	LLC_	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	William 36 Cente East X	Name of Person  Puris RE  Firm/Company  Juris RE  Address  Address  Magne Low; M  City/State and Zip Code  be not to be used for future annual report notion	H 010282 0 0 11:10	
For further information of	concerning this matter, please ca	all:		
Elizabeth Name o	Be n NEW	at ( <u>U/3</u> ) <u>525</u> Area Code Daytim	- 7597- ne Telephone Number	
Enclosed is a check for t	he 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/COURIER ADDRESS:

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

_ William Rivers.	-Palm Beach	LLC
( <u>Name of the Limited Liabili</u> (A Florida	ity Company as it now appears on a Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability C Florida document number <u>L1800015122</u>		20/2018 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the design	nation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
(Principal office address MUST BE A STREET ADD)	RESS)	: 0
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		12b P 11: 10
B. If amending the registered agent and/or registered agent and/or the new registered office add		r records, enter the name of the new
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida :	street address
		Florida
	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 **Title** Name <u>Address</u> Type of Action Christina Berry 101 North County Rd WADD \_□ Change \_□ Add Change ≕ □ Remove \_□ Change □ Add ☐ Remove ☐ Change \_□ Add ☐ Remove ☐ Change \_□ Add □ Remove

\_□ Change

			<b>-10</b>
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		02104	
(If an e <u>Note</u>	ive date, if other than the date of filing:  (or ective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days at If the date inserted in this block does not meet the applicable statutory filing requirements, then is effective date on the Department of State's records.	otional) ter filing.) Pursuant to 605. his date will not be liste	.0207 (3) d as the
	cord specifies a delayed effective date, but not an effective time, at 12:03 90th day after the record is filed.	l a.m. on the earlie	er of:
Date	October 25 2018.  Glizabeth Bontt  Signature of a member or authorized representative of a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00