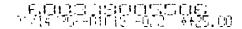
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(Document Number)
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D CUSHING

COVER LETTER

TO: Registration Se Division of Cor					
SUBJECT: WING	LM Ravers-P	alm Beach, LL	<u></u>		
	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	Elizabeth Ut Miana	Name of Person			
	VOI SOLICION V	Firm/Company			-
	36 Cent	Address		20 JAN 1	VECKE:
	East Long	MENDEW, MA (City/State and Zip Code	01048	L AMII: 05	RY OF S
	Limitetti,	ben Nett () Cave to be used for future annual report noti	cio, Com	: 05	TATE TATE
For further information c	oncerning this matter, please ca		,		¥55
Elizaho O Name o	M. Gennttt Person	at (413) 525	- 7597 e Telephone Number	_	
Enclosed is a check for the	ne 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 Fe Certificate of \$1 Certified Copy (additional copy is	tatus &	
<u>Mailing Addres</u> Registration S		Street Address: Registration Sec	ction		
Division of C P.Q. Box 632		Division of Cor The Centre of T			
Tallahassee, I			e Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company a	M Beach (C	
(A Florida Limited Liabi	ility Company)	
The Articles of Organization for this Limited Liability Company we Florida document number <u>L19000151221</u> .	ere filed on $\frac{ \mathcal{C} 2\mathcal{T} \mathcal{S} }{ \mathcal{S} }$ and assigned	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability	y company here:	
The new name must be distinguishable and contain the words "Limited Liability C	Company," the designation "LLC" or the abbreviation "L.L.C."	-
Enter new principal offices address, if applicable:		_
(Principal office address MUST BE A STREET ADDRESS)		_
_		_
Enter new mailing address, if applicable:	2) \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
(Mailing address MAY BE A POST OFFICE BOX)	H: DR	-
		-
_	· · · · · · · · · · · · · · · · · · ·	-
B. If amending the registered agent and/or registered office add agent and/or the new registered office address here:	lress on our records, <u>enter the name of the new registe</u>	:red
Name of New Registered Agent:		-
New Registered Office Address:		_
	Enter Florida street address	
	, Florida	_
	City Zin 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 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>	Address	Type of Action
AMBR	William Raveis - Florida, LLC	7 Trap Falls Rd	🗆 Add
	71011100	Shelton, CT 06484	DRemove
			□Change
AMBR	Palm Beach RE, LLC	101 North Carry Rd	□Add
		Palm Beach, FL 33980	Remove
			□Change
AMBR	Berry, Christina	101 North County Rd	
	ŕ	Palm Beach, FL 334KC	Remove
			□Change
	·		□Add
			Remove
			□Change
			□Add
			Remove
			□Change
			□Add
			□Remove
			Change

ii amenu	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
-		
	· · · · · · · · · · · · · · · · · · ·	
		
		
If an effecti <u>Note:</u> If t	date, if other than the date of filing: (optional) ve 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 605.6 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed is effective date on the Department of State's records.	
	pecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after	the
Dated	January 10 . 2020.	
	Elizabeth Benneth Signature of a member or authorized representative of a member	
	Elizabeth Bennett Typed or printed name of signee	