L18000 168419

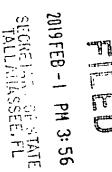
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



100323907251

02/01/19--01020--021 ++25.00



R WHITE

COVER LETTER

TO: Registration Sec Division of Corp		· .	
SUBJECT: 50	nature J.J. K	Peal Estate, UC	
	Amendment and fee(s) are sub	-	
Please return all correspon	ndence concerning this matter	to the following:	
	Kristen Kin	g Janen, Eso Name of Person	
	The Signature	Real Estati Com	npanies_
	901-C Cli	nt Moore Road	
	Bora Raton	City/State and Zip Code	
	Kristen@gyado	omprises .com	ication)
For further information co	oncerning this matter, please ca	ill:	
Knosen King Ja	CUVEN Person	at (<u>561</u>) <u>300 - C</u> Area Code Daytime	OP & I Telephone Number
Enclosed is a check for th	ne following amount:		
S25.00 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 Cartificate copy is carefused)

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**

FILED

Signative JJ Rea	1 ESTATE, W2019 FEB - 1 PM 3:56
(Name of the Limited Liability Compa (A Florida Limited I	
The Articles of Organization for this Limited Liability Company	1 MALL#あんらSEE, FL
_	were filed onand assigned
Florida document number <u>L18000168419</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	lity company here:
Scutting Signature R The new name must be distinguishable and contain the words "Limited Liabil	eal Estate Servius, LC ity Company," the designation "L.L.C."
Enter new principal offices address, if applicable:	1800 South Australian Ave.
(Principal office address MUST BE A STREET ADDRESS)	Suive 300
	West Palm Beach, FL 33409
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
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
	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>	Address	Type of Action
Mar	James Southina	903 Marina Dellay lar	1C toxid
		Unit3	□ Remove
		West Palm Brach, 7233401	Change
			Add
		 -	Remove
			Change
			D Add
			□ Remove
			Change
			□ Add
			□ Remove
			Change
			□ Add
			Remove
			Change
			□ Add
			_□ Remove
			Change

-	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
. –	
_	
_	
_	
_	
-	
-	
-	
-	
=	
-	
_	
_	
`an eft <mark>Note:</mark>	ive date, if other than the date of filing:
	tord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of 90th day after the record is filed.
ated	January 23. 2019. Ku Ku Jan
	Signature of a member or authorized representative of a member
	Kristen King Jaiven, Esa. Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00