9/12/22, 2:39 PM

Division of Corporations



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To:

Division of Corporations

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From:

Account Name : MOORE & MENKHAUS, P.A.

Account Number : I20000000087 Phone : (561)394-7910 Fax Number : (561)393-6541

Enter the email address for this business entity to be used for futures annual report mailings. Enter only one email address please.

Email Address: jeff@ altschuler.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SURFSIDE ACADEMY OF PALM BEACH GARDENS, LLC

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C. BRUMBLEY

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(((H22000 3/5/92 3))) ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SURFSIDE ACADEMY	OF PALM BEACH GAE	RDENS, LLC		
(<u>Name of the Limited Liability</u> (A Florida Li	Company as it now appear inited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Con	npany were filed on	7/20/2018	and assign	ned
Florida document number 1.18000175324				
This amendment is submitted to amend the following:				
A. If amonding name, enter the new name of the limite	d liability company he	ere:		
The new name must be distinguishable and contain the words "Limited	d Liability Company," the o	designation "LLC" o	r the abbreviation "L.L.C	<u> </u>
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRE	<u> </u>		<i>G</i> : >	•
			7022 7.5EC	
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Enter new mailing address, if applicable:		·		
(Mailing address MAY BE A POST OFFICE BOX)			ω.·. N	!
				
			6: 2 3 [4]	<u> </u>
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	office address on our r	ecords, <u>enter th</u>	e name of the new r	registered
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Flo	rida street address		
		Flori		
	Ctn:		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>	Name	Address	Type of Action
AMBR	SCOTT ALTSCHULER	9135 LAKE WORTH ROAD	■Add
		LAKE WORTH, FL 33467	□Remove
			🗆 Add
			□Remove
			□Change
	· · · · · · · · · · · · · · · · · · ·	□ Add	
			□Change
			Петоче
			Change
			□Remove
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			⊡Add
			□Remove
			- Change

y. II Willi	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note: I	e date, if other than the date of filing: tive 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 605.0207 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as at s effective date on the Department of State's records.
e record rd is file	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
Dated	SEPTEMBER 12 2022
	Olath-

(((H22000315192 3)))

Typed or printed name of signed

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