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TO:

Registration Section

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

SUBJECT:	w MGR to 344 Forest Hill Blvd Name of Lim	Soul Linkillian Communication			
	Name of Lim	ned Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Ken Best				
		Name of Person			
	344 Forest Hill Blvd LLC				
		Firm/Company			
	3009 Exchange Court			# 7 	
	Address		: '.		
	West Palm Beach, Fl. 3340)9		<u></u>	•
		City/State and Zip Code		7	•
	ken.reoteam@gmaicom	to be used for future annual report notific	(ation)	<i>€</i> ?	
For further information e	concerning this matter, please of			21	
Ken Best		404 229-0086 at () Area Code Daytime			
Name o	of Person	Area Code Daytime	Telephone Number		
Enclosed is a check for the	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 Certificate of Certified Co (additional cop	of Status & opy	
	ING ADDRESS:	STREET/COURIE Registration Section			

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

344 Forest Hill Blvd LLC		
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 09/21/2018	and assigned
Florida document number 1.18000227546		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
NA		
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the	ne abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3009 Exchange Court	
(Principal office address MUST BE A STREET ADDRESS)	West Palm Beach, Fl. 33409	
Enter new mailing address, if applicable:	Same as above	- 1
(Mailing address MAY BE A POST OFFICE BOX)		
		1.3 21
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		ter the name of the new
Name of New Registered Agent:		***************************************
New Registered Office Address:		
	Enter Florida street address	
	, Florida	Zip 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	Kenneth Best	3009 Exchange Court West Palm Beach, Fl. 33409	Add
			Remove
			☐ Change
AMBR	Josh S Johnson	5302 Victoria Circle West Palm Beach, Fl. 33409	
			■ Remove
			Change
			□ Remove
			Change
			□ Remove
			Change
			□ Add
			□ Remove
			☐ Change
			C Remove
			☐ Change

	 :
	<u> </u>
	
Effective date, if other than the date of filing:	(optional)
Note: If the date inserted in this block does not meet the applicable statu document's effective date on the Department of State's records.	tory filing requirements, this date will not be listed
he record specifies a delayed effective date, but not an effort The 90th day after the record is filed.	ective time, at 12:01 a.m. on the earlie
Dated 10/03/2018 Read Bott Signature of a member or authorized repr	
Direct	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00