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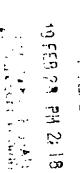
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COVER LETTER

TO:	Registration Section Division of Corpora				
SUBJE	CT:	Patric. Name of Limite	K Lafferty ed Liability Company	lic	
The enc	losed Articles of Ame	endment and fee(s) are subm	itted for filing.		
Please r	eturn all corresponder	nce concerning this matter to	the following:		
	-	Patr	ICK Latte Name of Person	erty	
	-		Dass FL L	10	
	-	480 A	Hibiscus St	+110	
	-	West 1	Palm Beach	Fi 33401	<u></u>
	_	Thrick (Palm Blach City/State and Zip Code DMOdern Ji Vir be used for future annual re	29 Ve. COM	<u>) /</u>
For furt	her information conce	erning this matter, please cal		O	
	herri Ve Name of Per	lasco	at (_500_) Area Code	346 -828 Daytime Telephone N	U Sumber
Enclose	d is a check for the fo	llowing amount:			
□ \$ 25	.00 Filing Fee C	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Ceosed) Ce	0.00 Filing Fee, ertificate of Status & ertified Copy (ditional 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

Pati	rick Latter	ty LC
(Name of the Limited Liability C (A Florida Lin	ompany as it now appears on our nited Liability Company)	records.)
The Articles of Organization for this Limited Liability Complete Florida document numberL180002814695.	pany were filed on	2/13/18 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Patrick David La-	Herty II LL	1
The new name must be distinguishable and contain the words "Limited	Liability Corpany," the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		····
(Principal office address MUST BE A STREET ADDRES	<u></u>	iõ
		<u> </u>
		- N
Enter new mailing address, if applicable:		ः ।
(Mailing address MAY BE A POST OFFICE BOX)	· · ·	
		-
		17 f k - CD
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		records, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida stree	et 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 add or removed from our records:

MGR = Manager

AMBR = Authorized Member Title Name **Address Type of Action** □ Add __□ Remove __ D Change □ Add □ Remove _____ Change _□ Remove _□ Change ☐ Add _□ Remove _□ Change _□ Remove ____ Change _D Add __ 🗆 Remove

_____ □ Change

). If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
_	
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<u>Note:</u>	we date, if other than the date of filing: January 15°, 2019 (optional) retive 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 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ent's effective date on the Department of State's records.
	ord 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.
Dated	February 21 2019
	Signature of a member or authorized representative of a member
	Patrick latterty Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00