

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Ci	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





02/07/19--01018--011 **25.00



COVER LETTER

TO:	Registration Sec Division of Corp					
	ВС	OYER GINORI CPA'S & ASS	OCIATES LLC			
SORTE	CCT:	Name of Limi	ited Liability Company			
The end	closed Articles of A	Amendment and fee(s) are sub-	mitted for filing.			
Please	return all correspo	ndence concerning this matter	to the following:			
		JOHN	W. BOYER			
			Name of Person			
		BOYE	R GINORI CPA'S & ASSOCIAT	ES LLC		
		· · · · · · · · · · · · · · · · · · ·	Firm/Company			
	1645 PALM BEACH LAKES BLVD SUITE 480 Address					
	WEST PALM BEACH, FL 33401					
			City/State and Zip Code			
			@JOHNWBOYERCPA.COM to be used for future annual report not	(Montion)		
Day fire	thur information o	e-mail address: (oncerning this matter, please ca		meanny		
roi iui	JOHN W. BO		561 622-1974			
		f Person		ne Telephone Number		
Enclos	ed is a check for th	ne following amount:				
□ S2.	5.00 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 (additional copy is enclosed)		
	Registr	ING ADDRESS: ation Section on of Corporations	STREET/COUR Registration Secti Division of Corpo			
	P.O. B	ox 6327 assee, FL 32314	Clifton Building 2661 Executive C	Center Circle		

Tallahassee, FL 32301

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION



2019 FEB - 7 PM 12: 32 BOYER GINORI CPA'S & ASSOCIATES LLC (Name of the Limited Liability Company as it now appears on our records.) ...
(A Florida Limited Liability Company) t/AL [... The Articles of Organization for this Limited Liability Company were filed on JANUARY 10, 2019 and assigned L19000011831 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 1645 PALM BEACH LAKES BLVD SUITE 480 Enter new mailing address, if applicable: WEST PALM BEACH, FL 33401 (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address 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	MARC C. CHIURATO	1645 PALM BEACH LAKES BLVD	= Add
		SUITE 480	Remove
		WEST PALM BEACH FL 33401	-
			Add
			☐ Remove
			☐ Change
			DAdd
			🗆 Remove
			☐ Change
			□ Remove
			Change
			Remove
			Change
		Add	
			Remove
			Change

_	
_	
an effec <u>iote:</u> Ti	date, if other than the date of filing:
	I specifies a delayed effective date, but not an effective time, at $12\!:\!01$ a.m. on the earlier th day after the record is filed.
ated _	Folionary 04 . 7019. Folionary 04 . 7019. Signature of a member of authorized representative of a member
	y Johnsone
	Signature of a member of authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00