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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 2 Proyal Touch Palace Lhc. Name of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Pinika B. Eduards Name of Person	
2 Bajal Touch Palace LLC Firm/Company	
1000 E. Atlantic Blvd # 123	
Pompano beach FL 330100 City/State and Zip Code	•-
E-mail address: (to be used for future and ual report notification)	
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:	
Name of Person at 172 999-1178 Area Code Daytime Telephone Number 27 32 49	MO
Enclosed is a check for the following amount:	
S25.00 Filing Fee S25.00 Filin	

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

2 Pouch To	ted Liability Compa (A Florida Limited I	ny as it now appears on o	ur records.)	<u> </u>
The Articles of Organization for this Limited L Florida document number <u>W19000035</u>		were filed on	nuary luth	and assigned
This amendment is submitted to amend the foll	owing:			
A. If amending name, enter the new name o	f the limited liab	ility company here:		
The new name must be distinguishable and contain the v	vords "Limited Liabil	lity Company," the designa	tion "LLC" or the abbre	eviation "L.L.C."
Enter new principal offices address, if applic	:able:	1000 EAH	antic BIVd	#123
(Principal office address MUST BE A STREET ADDRESS)		pompano	beach, Fi	. 33000
		 :		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE	BOX)			
B. If amending the registered agent and registered agent and/or the new registered of	or registered of	ffice address on our	records, enter th	e name of the new
	ince audress ner	<u>·</u>	With the second	29 5
Name of New Registered Agent:			20 M s 20 50 20 10	C) proses
New Registered Office Address:	1000 E	- Atlantic	Blvd #12	<u> </u>
	panpan	Enter Florida str	, Florida	3000-
	4 1	City	9.4	Zin Code
New Registered Agent's Signature, if changing I				
I hereby accept the appointment as registere provisions of all statutes relative to the propaccept the obligations of my position as region being filed to merely reflect a change in the company has been notified in writing of this	er and complete istered agent as p registered office	performance of my d provided for in Chapt	luties, and I am fan er 605, F.S. Or, if	niliar with and this document is

If Changing Registered Agent, Signature of New Registered Agent

•			1
If amending or removed f	Authorized Person(s) authorized to main our records:	anage, enter the title, name, and address of each	person being added
MGR = Ma $AMBR = Au$	anager Ithorized Member		
<u>Title</u>	Name	Address	Type of Action
MAR	Rinita Eduards	1314 SW 74th Ave Northlanderdale, FL 33	
			□ Remove
ANBR	Tuniva Bradley	3631 NW 7th St Ft. Land. FL. 33311	
			□ Remove
			
			□ Remove
			□ Change
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an effective date is list ote: If the date inse	ther than the date of the date date must be specificated, the date must be specificated in this block does not date on the Department	e and cannot be prior to not meet the applicab	date of filing or more than	90 days after filing.) I	Pursuant to 605.02
record specifie The 90th day a	es a delayed effection fter the record is fil	ve date, but not led.	an effective time,	at 12:01 a.m. o	n the earlier
nted <u>JCUNU</u> C	ary Adra	_, <u>2019</u>	-·		
	4 ()	molle			
	Signature	of a member of authori	zed representative of a me	ember	j

Page 3 of 3

Filing Fee: \$25.00