L19000015777

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL MAIL
(B	usiness Entity Name)	
(D	ocument Number)	
Certified Copies	Certificates of S	itatus
Special Instructions to	Filing Officer:	

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COVER LETTER

TO: Registration Se Division of Cor	ction 5 porations	.\$	•
SUBJECT:	A S B Name of Lim	I LLC ited Liability Company	·
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	HENry	B. Handle Name of Person	
		Firm/Company	
	2255 61	ades Rd #21	8 A
	BOCA	RATON, FL	33431
	HBHC E-mail address: (City/State and Zip Code WHCFLA. Code to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please ca	all:	
HENRY 6	3. Hapeler	at (<u>561</u>) 999 Area Code Daytime	1-5955
N å ne o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for th	ne 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 Fee, Certificate of Status & Certified Copy (additional 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**

FILED

(Name of the Limited Liability		2019 FEB - 1 PM 4: 03
(A Florida I	imited Liability Company)	
The Articles of Organization for this Limited Liability Cor Florida document number <u>L19000157</u>	mpany were filed on	114 2019 A SEE. FL and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company her	<u>·e</u> :
The new name must be distinguishable and contain the words "Limite	rd Liability Company," the de-	signation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	-	
(Principal office address MUST BE A STREET ADDRE	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe registered agent and/or the new registered office addre		our records, <u>enter the name of the nev</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Floria	la street address
	Enter Floric	la street address
	Enter Florie	, FloridaZip Code

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

It amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added to removed from our records:

MGR = Manager

AMBR = Authorized Member

Title Address Type of Action <u>Name</u> MGR HOWARD I. Weiss 2255 6/4des Rd #218A NAdd BOCA ROTON FL 33431 Remove Change IRINA Schaeffer 2255 61Ados Patruba MAdd BOLD RATON FL 3343/ Remove Mar Henry B. Handler 2255 Glades Rd #2184

BOLA RATON, FL MRemove ☐ Change □ Add ☐ Remove \square Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

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n offe <u>te:</u> I	re date, if other than the date of filing:
	ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.
ed_	1/30/ 2019
	Signature of a member or authorized representative of a member

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Filing Fee: \$25.00