## L19000075679

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## **COVER LETTER**

Division of Cor	rporations		
SUBJECT: Pau	1915 Boat	<u> Hanagoment</u>	: UC
	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	22. 22
Please return all correspo	ondence concerning this matter	to the following:	2119 1771
	Valdani	2 Paul	
	Paul's E	Name of Person  Name of Person  Manage  Firm/Company	oment les
	3525 H	torlowe Are	<i></i>
	Boynton	Boach FL	33436
	Paul 55000 E-mail address: (	to be used for future Annual report not	to gmail con
For further information of	oncerning this matter, please ca	all:	•
Valolano Name o	Paul TPerson	at ( <u>561)</u> 503 Area Code Daytim	3 -3/12 ne 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 Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

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

(A Florida Limited L	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L19000756</u> 7	were filed on $\frac{3/18//9}{9}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	3525 Harlowe HYE-
(Principal office address MUST BE A STREET ADDRESS)	Bynton Place To
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	3525 Harlowe Hise Bynton Beach FC 33436
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	
Name of New Registered Agent: Val Qa	mo Paul
New Registered Office Address: 3525	- Harlowe Hre
Bynt	Enter Florida street address  M. BOQCW. Florida 33439  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, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR =	Manager
AMBR =	<b>Authorized Member</b>

<u>Title</u>	<u>Name</u>	Address	Type of Action
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		3525 Horlowe AV	Remove
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If an effective date in Note: If the date	if other than the da is listed, the date must be inserted in this block tive date on the Depa	specific and cana does not meet	the applicable s	of filing or more t atutory filing re	han 90 days afte	ional) er filing.) Pur is date will	suant to 60; not be list	5.0207 ( ed as tl
	cifies a delayed e y after the record		, but not an	effective time	e, at 12:01	a.m. on	the earli	er of:
Dated <u>27</u>	the Herch	<del></del>	2019.					
<u> </u>	Sig	nature of a mem	ber or authorized	representative of a	member			
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Page 3 of 3

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