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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	,





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SNOTEWNORTH APPROPRIES

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# **COVER LETTER**

SUBJECT:	The Prese	25VQ at f-alm ited Liability Company	Coast, LIC	
The enclosed Articles of Ar	mendment and fee(s) are sub	mitted for filing.		
Please return all correspond	lence concerning this matter	to the following:		
	John	Name of Person		
	Palm	LUCIVE ROCIH Firm/Company	<u> </u>	
	<u>216 S</u>	S. 5 T- Street Address	<i></i>	
	Flow	City/State and Zip Code  11e. GriffXCCO	F(32136	
		The GITTX (CO) OF to be used for future annual report no		· <del></del>
For further information con	cerning this matter, please ca	all:		
Danie   LO	Griffer erson	at ( <u>561)</u> 370 Area Code Dayti	me Telephone Number	6U :Cr #4
Enclosed is a check for the	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 Stat Certified Copy (additional copy is end	
Registrati	G ADDRESS: on Section of Corporations	STREET/COUR Registration Sect Division of Corpo		

P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section **Division of Corporations** 

> Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## TO ARTICLES OF ORGANIZATION **OF**

The Proserve	Lat Palmi Coast, LLC
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on 4/9/19 and assig
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liabi  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	lity Company," the designation "LLC" or the abbreviation "LLC
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	PO Box 151587 3 5 5 Tampa, FC 336843
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:	
New Registered Office Address:	Enter Florida street address
	, Florida
New Registered Agent's Signature, if changing Registered Agent:	City Zip Code

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply w provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this documen 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

### or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of A
MGR	<u>Elbehiri, Mah</u> mao Sami	d 600 Sweetweter Rou Longwood, Fl. 327	(CUF □ Add
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(If an ef	tive date, if other than the date of filing:
docun	nent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier about 190th day after the record is filed.
Dated	June 26. 2019.
	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member
	Toba III Haran
	Tohn W. Harai) Typed or printed name of signee
	Typed of printed name of signee

Page 3 of 3

Filing Fee: \$25.00