LIA000 815 332

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

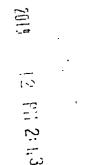
Office Use Only



300333413783

FILING CANCELLED
DUE TO RETURNED CHECK

09/12/19--01017--003 **25.00



Anund

SEP 2 3 2019 I ALBRITTION

FILING CANCELLED DUE TO RETURNED CHECK

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1st National Via Vita Laon Partners, LLC			
(<u>Name of the Limited Liability Company</u> (A Florida Limited Lia	as it now appears on onbility Company)	ur records.)	 _
The Articles of Organization for this Limited Liability Company w Florida document number <u>L19000215332</u>	vere filed on August	22, 2019	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liability	ty company here:		
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designa	tion "LLC" or the abbre	viation "L.L.C."
Enter new principal offices address, if applicable:		···	
(Principal office address MUST BE A STREET ADDRESS)			<u></u>
			· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable:			60
(Mailing address MAY BE A POST OFFICE BOX)			
<u></u>			
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here: Name of New Registered Agent:		records, enter the	e name of the ne
New Registered Office Address:	Enter Florida str	reet address	
	, Florida		
	City	, 1 lotida	Zip Code
New Registered Agent's Signature, if changing Registered Agent:			
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my a ovided for in Chapt	luties, and I am fam er 605, F.S. Or, if t	iliar with and his document is

If Changing Registered Agent, Signature of New Registered Agent

If amanding 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	Jerry Sager	6231 PGA Boulevard. Palm Beach Gardens, FI 33418	Add
FILING	CANCELLED		☐ Remove
DUE TO) RETURNED CHECK		☐ Change
			Add
			☐ Remove
			☐ Change
			Add
			Remove
			Change
			☐ Remove
			☐ Change
	.		Add
			□ Remove
			Change
			Add
		 	☐ Remove
			Change

FILING CANCE	LED
DUE TO RETUR	NED CHECK
 	
 	
	
,	
(If an effective date is listed, the date must	late of filing:
Note: If the date inserted in this blo document's effective date on the De	ck does not meet the applicable statutory filing requirements, this date will not be listed as the partment of State's records.
the record specifies a delayed o) The 90th day after the reco	effective date, but not an effective time, at 12:01 a.m. on the earlier of: rd is filed.
September 9	2019
Dated	·
	- San
	Signature of a member or authorized representative of a member
Jerry Sager	
· -	Typed or printed name of signee

, D. ILamending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 3 of 3

Filing Fee: \$25.00