

L19 000238186

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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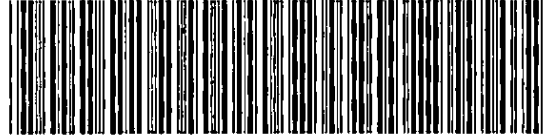
(Business Entity Name)

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11:51 AM  
OCT 28 19  
DIVISION OF CORPORATIONS  
STATE OF NEW YORK

NOV 22 2019  
RECEIVED

**HURD, HORVATH & ROSS, P.A.**

ATTORNEYS AT LAW  
8295 N. MILITARY TRAIL, SUITE A  
PALM BEACH GARDENS, FLORIDA 33410-6312

DAVID E. HORVATH  
ROGER C. HURD  
ROBERT P. ROSS

TELEPHONE: (561) 627-1534  
FAX: (561) 694-9647  
Internet: [www.hurdlaw.com](http://www.hurdlaw.com)

October 24, 2019

Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

RECEIVED  
DIVISION OF CORPORATIONS  
19 OCT 28 AM 9:49

Re: 8259 Square Lake Partners LLC  
Amendment

Dear Sirs:

Our law firm represents 8259 Square Lake Partners LLC. Enclosed please find:

1. Articles of Amendment; and
2. \$25.00 filing fee.

Thank you for your attention to this matter.

Sincerely,



Robert P. Ross

RPR/cms  
Enclosure

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: 8259 Square Lake Partners LLC  
Name of Limited Liability Company

FILED  
DIVISION OF CORPORATIONS  
19 OCT 28 AM 9:49

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert P. Ross, Esq.

Name of Person

Hurd, Horvath & Ross, P.A.

Firm/Company

8295 N. Military Trail, Suite A

Address

Palm Beach Gardens, FL 33418

City/State and Zip Code

janetdoc@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert P. Ross, Esq. 561 627-1534 x103  
Name of Person at ( ) Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

8259 Square Lake Partners LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

DIVISION OF CORPORATIONS  
19 OCT 28 AM 9:50

The Articles of Organization for this Limited Liability Company were filed on September 20, 2019 and assigned  
Florida document number L19000238186.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Janet Hibbel Tarpell

New Registered Office Address:

106 PORTO VECCHIO WAY

*Enter Florida street address*

PALM BEACH GARDENS

Florida 33418

*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, 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>	<u>Type of Action</u>
MGR	Janet Hibel	106 PORTO VECCHIO WAY	<input type="checkbox"/> Add
		PALM BEACH GARDENS, FL 33418	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Janet Hibel Tarpell	106 PORTO VECCHIO WAY	<input checked="" type="checkbox"/> Add
		PALM BEACH GARDENS, FL 33418	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Change

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**Effective date, if other than the date of filing:** \_\_\_\_\_ (optional)  
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated Oct 24, 2019

Signature of a member or authorized representative of a member

JANET H. TARPULL  
Typed or printed name of signee