## 119000293044

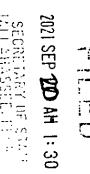
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## **COVER LETTER**

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endirær.	1555 A Nev			•			
SUBJECT		Name of Limited Liability Company					
The enclose	ed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Please retur	n all correspo	ondence concerning this matter	to the following:				
		Cristie Smith					
		Name of Person 1555 A New LLC					
		Address					
		West Palm Beach FL 33401  City/State and Zip Code  Cristie@successtms.com					
		E-mail address: (to be used for future annual report notification)					
For further	information c	oncerning this matter, please c	all:				
Cristie Smi	th		561 264-4406 Ex	.t. 223			
	Name o	f Person	Area Code Daytim	e 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 cuclosed			
Ma	ailing Addres	is:	Street Address:				

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2021 SEP 20 AM 1: 30

1555 A New LLC

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

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Lia Florida document number £19000293044	ibility Company were f	iled on November 27, 1	and assigned
This amendment is submitted to amend the following	wing:		
A. If amending name, enter the new name of	the limited liability co	mpany here:	
The new name must be distinguishable and contain the wo	ords "Limited Liability Corr	pany," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET	(ADDRESS)	<b></b>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	<u></u>		
B. If amending the registered agent and/or reagent and/or the new registered office address		s on our records, <u>ent</u>	er the name of the new registered
Name of New Registered Agent:	Cristie Smith		
New Registered Office Address:	1555 Palm Beach Lake	es Blvd Suite 1105	
<del></del>		Enter Florida street add	ress
	West Palm Beach		Florida 33401
	Ci	<b>3</b> .	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>	Address	Type of Action
	Diane Syrop	1555 Palm Bech Lakes Blvd Suite 1105	□ Add
		West Palm Beach FL 33401	■Remove
			□ Change
MBR.	Benjamin Klein	1555 Palm Beach Lakes Blvd Suite 1105	<b>=</b> Add
		West Palm Beach FL 33401	□Remove
			□Change
	<del></del>		□ Add
			□Remove
			□Change
			□Remove
			□ Change
			□Remove
			□Change
			□Add
			□Remove

	<del> </del>
ote	tive 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: (b) The 90th day after the
list	îled.
ated	September 15 2021
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	Signature of a member or authorized representative of a member
	Signature of a member or authorized representative of a member  CRISTIEL Signature of a member of signee

Filing Fee: \$25.00