

L20000188580

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

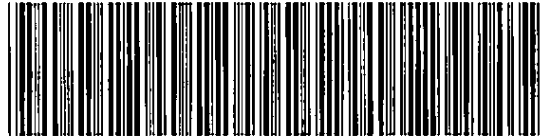
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2020 SEP -8 PM 4:29

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45
10/21/20

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 4865 40TH WAY SOUTH, LLC

Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

Geoffrey Pette, Esq.

Name of Person

Pette P.A.

Firm/Company

1451 West Cypress Creek Rd., Suite 300

Address

Fort Lauderdale, Florida 33309

City/State and Zip Code

Geoff@pettepa.com

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

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TALLAHASSEE, FLORIDA
CLERK OF STATE

For further information concerning this matter, please call:

Geoffrey Pette, Esq.

954

530-6647

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

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 Status &
Certified Copy
(additional copy is enclosed)

Mailing Address:

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

Street Address:

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**

4865 40TH WAY SOUTH, 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 Liability Company were filed on July 6, 2020 and assigned
Florida document number L20000188580.

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)

4865 40th Way S.

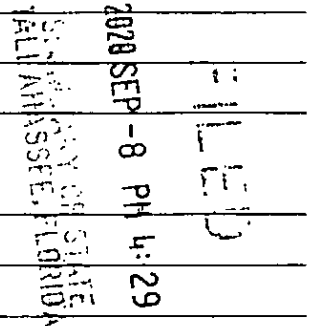
Lake Worth, Florida 33461

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4865 40th Way S.

Lake Worth, Florida 33461



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:

Pette P.A.

New Registered Office Address:

1451 West Cypress Creek Rd., Suite 300

Enter Florida street address

Fort Lauderdale

Florida 33309

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>
AMBR	TAYLOR V. DODGE	4865 40th Way S.	<input checked="" type="checkbox"/> Add
		Lake Worth, Florida 33461	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	STEPHANIE DODGE	1207 Hammond Road	<input type="checkbox"/> Add
		Delray Beach, Florida 33483	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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OFFICE OF STATE
TALLAHASSEE, FLORIDA

FILED
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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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2020 SEP - 8 PM 4:25
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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 Sept. 3, 2020

Signature of a member or authorized representative of a member

Typed or printed name of signee