## L21000058068

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
(21), 21111, 11111, 1111,
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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TO:

Registration Section

Division of Co	rporations 🧦	r	. <b>9.</b>	
	OD DISTINCTIVE DELRAY	CUSTOM HOMES, LLC		
SUBJECT:	Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Brian Louis Lipshy, Esq.	·		
	<del></del>	Name of Person		
	SARAGA/LIPSHY, PL			
		Firm/Company		
	201 NE 1st Avenue			
	···	Address		
	Delray Beach, FL 33444			
		City/State and Zip Code		
	punchingpete45@aol.com		<del></del>	
		to be used for future annual report notif	ication)	
For further information of	concerning this matter, please c	all:		
Brrian Louis Lipshy, Esc	4.	561 330-0660 at ( )	~.	.")
Name of Person			Telephone Number	,
			i i j	
Enclosed is a check for t	he following amount:		29	
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee; Certificate of Status & Certified Copy, (additional copy inclosed)	
Mailing Address Registration 1 Division of O P.O. Box 632 Tallahassee,	Section Corporations 27	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe	porations	

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PARKWOOD DISTINCTIVE DELR		
(Name of the Limiter	d 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 L21000058068	bility Company were filed on 02/02/2021	and assigned
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
The new name must be distinguishable and contain the wo	rds "Limited Liability Company," the designation "LLC" or th	e abbreviation "L.IC."
Enter new principal offices address, if applica	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:	<u> </u>	
(Mailing address MAY BE A POST OFFICE B	<u> </u>	<del> </del>
D. If amonding the registered event and/or re	gistered office address on our records, enter the n	ame of the new registeres
agent and/or the new registered office address		Service of the newsregistered
Name of New Registered Agent:		<u> </u>
New Registered Office Address:	Enter Florida street address	1: 20
	, Florida	
	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 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>	Name	Address	Type of Action
MGR	Adam Canter	1217 Clint Moore Road	□Add
		Boca Raton FL 33487	<b>≡</b> Remove
			Change
MGR	Arther Canter	1217 Clint Moore Road	<b>∏</b> Add
		Boca Raton FL 33487	□Remove
			Change
			□ Remove
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i effective date is listed, tl	than the date of fili	nd cannot be prior to	date of filing or more	(option	ling.) Pursuant to	605.020
ument's effective date	l in this block does not on the Department of	The state's records.	le statutory filing re	equirements, this o	late will not be	listed a
cord specifies a delaye s filed.	ed effective date, but no	ot an effective time	e, at 12:01 a.m. on	the earlier of: (b)	The 90th day	after the
	•	0-21	_			
ed_June	24,	M (04)				