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TO:	Registrat Division		ection porations					
SUBJI	ест: _?	alm_	Beach	Centaurs Name of Lin	LLC nited Liability Compa	uny		
The en	iclosed Artic	cles of	Amendmer	nt and fee(s) are sul	omitted for filing.			
Please	return all co	orrespo	ondence cor	ncerning this matter	r to the following:			
					Hhew Mo Name of Per			
				Palm	Beach Ce Firm/Compa	ntaurs	LLC	
					Firm/Compa	ui,		
				201 /	Ingler Ave			
				-	Address			
				Palr	Angler Ave Address n Beach, City/State and Zi	FI.	23480)
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	Mailing	<u>Addre</u>	<u>88:</u>		<u>s</u>	treet Addre	<u>ss:</u>	

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

Yalm Beach Centaur (Name of the Limited Liability Compa (A Florida Limited I	s cu	on our records \	
(Name of the Limited Liability Compa (A Florida Limited I	riability Company)	on our records.	
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	3 ! ९०। २।	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company her	<u>·e</u> :	
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the de-	signation "LLC" or the ab	obreviation "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 agent and/or the new registered office address here:	address on our re	cords, <u>enter the nan</u>	ne of the new registered
Name of New Registered Agent:			
New Registered Office Address:	Enter Flori	ida street address	
		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		
AMBR	Christopher Kretz	P.O. Box 32728	□Add		
		Polm Beach Gardons, FL 33420	Remove		
			□Chang:		
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ective	late. if other than the date of filing:	
r effecti <u>te:</u> - If t	e 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 605.00 e date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed	20 i a:
cument	s effective date on the Department of State's records.	
cord s	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after t	he
is filed.		
	Santa has 25 2001	
ted	september as avai	
ted	September 25 2024. Signature of a member or authorized representative of a member	