LZ1000193786

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MA	iL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Octanica copies	
Special Instructions to Filing Officer:	
Special instructions to Filing Officer.	

Office Use Only



800370212298

021 AUG -3 AM 8:39
SECRETARY OF STATE
TALL AHARSEE, FL

.

Ø.

NUG-3 AH 8: 39

2021 AUG - 3 PM L:

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

CONTACT PERSON: Eyliena Baker -- EXT#

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195 REFERENCE : 941371 5152828 AUTHORIZATION COST LIMIT ORDER DATE : August 3, 2021 ORDER TIME : 1:33 PM ORDER NO. : 941371-005 CUSTOMER NO: 5152828 DOMESTIC AMENDMENT FILING NAME: PALM BEACH APARTMENTS 3, LLC EFFECTIVE DATE: XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: XX ___ CERTIFIED COPY ___ PLAIN STAMPED COPY ___ CERTIFICATE OF GOOD STANDING

EXAMINER'S INITIALS:

COVER LETTER

Tallahassee, FL 32314

то:	Registration Se Division of Co			
SUBJEC	Palm Beac	h Apartments 3, LLC		
		Name of Lin	nited Liability Company	·
The encl	osed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please re	turn all correspo	ondence concerning this matter	to the following:	
			Name of Person	
		PB Apartments 3, LLC		
			Firm/Company	
		PO BOX 904		
			Address	
		Dania Beach, FL 33004		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report n	otification)
For furth	er information c	oncerning this matter, please c	all:	
Min Cho	i		678 553-7353	
	Name o	f Person	Area Code Dayt	ime Telephone Number
Enclosed	is a check for th	ne following amount:		
□ \$ 25.0	00 Filing Fee	S30.00 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		Street Address:	
	Registration S Division of C		Registration S Division of C	
	P.O. Box 632		The Centre of	

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Palm Beach Apartments 3, LLC					
(<u>Name of the Limited Liability Comp</u> (A Florida Limited	nany as it now appears on our record Liability Company)	<u> s.</u>)			
The Articles of Organization for this Limited Liability Company Florida document number <u>L21000193786</u> .	y were filed on	and assigned			
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lia	bility company here:				
PB Apartments 3, LLC					
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC	" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:		202 SE			
(Principal office address MUST BE A STREET ADDRESS)					
Enter new mailing address, if applicable:					
Mailing address MAY BE A POST OFFICE BOX)		—————————————————————————————————————			
Maning address M. IT DE AT 0.51 OF TICE BOX		<u>~ < 3</u> m 9			
3. If amending the registered agent and/or registered office gent and/or the new registered office address here:	address on our records, <u>enter</u>	the name of the new regist			
Name of New Registered Agent:					
New Registered Office Address:					
	Enter Florida 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 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
<u></u>	·		□Add
			□Remove
			□Change
			□Add
			□Remove
		SECRE IFI	Change AUGAdd
		(A)) De [5]
			ှဲ့ က ့ဲ ယ ှဲ့ Dehange
			□Add
			□Remove
			□Change
·			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

	<u>-</u>		<u> </u>				
							_
			 .			<u> </u>	_
		-					_
							_
		-					_
			-				_
			<u>.</u>		— 	-≥-	_
					14T	021 6	
					E J.A.	S.	
					- 		<u>**</u> ===
	<u> </u>		.		<u>က်လ</u> ကြ		
							-
					C LIE	<u> အ</u>	
					·		_
			· - ·-				_
				-			_
<u> </u>							
ective date, if other than the effective date is listed, the date made in this between the date inserted in this between the effective date on the I	ust be specific and cannology block does not meet	the applicable sta	of filing or more t atutory filing re-	han 90 days after	onal) rfiling.) Pur s date will	rsuant to 60 not be lis	05.0207 sted as
cord specifies a delayed effecti filed.	ve date, but not an e	ffective time, at	12:01 a.m. on tl	ne earlier of: (b) The 90	th day aft	er the
August 2	20)21					
1Dac		·					
₩ W \~							

Filing Fee: \$25.00