## LZ1000431340

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Decument Number)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer	
J. HORNE  JAN 1 & 2022	

Office Use Only



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2022 JAN -3 AHII: 02

## **COVER LETTER**

Tallahassee, FL 32314

	Registration Se Division of Cor			•		
CUD III		h Place LLC	·			
SUBJECT: Name of Limited Liability Company						
The encl	osed Articles of	Amendment and fee(s) are sub-	mitted for filing.			
Please re	eturn all correspo	ondence concerning this matter	to the following:			
		Amy Marie Edwards		<u> </u>		
			Name of Person	·		
		Palm Beach Place LLC				
		<del></del>	Firm/Company			
		2924 Davie Road, Suite 20	2			
			Address			
		Davie, FL 33314				
			City/State and Zip Code			
		management@janourarealty	com  to be used for future annual re	nod not Continu		
For furth	ner information c	concerning this matter, please co		port normeanon)		
Amy M	arie Edwards		954 998- at ()	0770		
	Name o	of Person	Area Code	Daytime Telephone Number		
Enclosed	d is a check for t	he following amount:				
<b>■</b> \$25	.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclo	\$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)		
	Mailing Address		Street Add			
Registration Section Division of Corporations P.O. Box 6327			Registration Section Division of Corporations			
				tre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 JAN -3 AM 11: 02

Palm Beach Place LLC

(Name of the Limited Liability Company as it now appears on our records:) HASSULLITED (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liabil		led on 10/01/2021	and assigned
Florida document number L21000431340	·		
This amendment is submitted to amend the followir	າg:		
A. If amending name, enter the new name of the	e limited liability co	mpany here:	
The new name must be distinguishable and contain the words	"Limited Liability Comp	pany." the designation "LLC"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable	<u></u>		
(Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A P <u>OST OFFICE BO)</u>	<u></u>		
B. If amending the registered agent and/or regis agent and/or the new registered office address he		s on our records, <u>enter</u>	the name of the new registered
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida street address	·
		. Flo	orida
_	Cit		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>	<u>Name</u>	Address	Type of Action
MGR	Michael Janoura	2924 Davie Road, Suite 202	□Add
		Davie, FL 33314	≣Remove
			Change
MGR	Nob Hill Place, LLC	2924 Davie Road, Suite 202	<b>=</b> Add
		Davie, FL 33314	Remove
			□Add
			□Remove
			□ Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove

D. 11 an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	<del></del>
	************* <del>*</del>
(If an e <u>Note</u>	tive date, if other than the date of filing:  12/30/2021  (optional)  (flective 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 605,0207 (3)(bg. If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the ment's effective date on the Department of State's records.
If the record is	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 filed.
Dated	December 30 2021
	The state of the s
	Signature of a member or authorized representative of a member
	Michael Janoura: Manager of Nob Hill Place, LLC

Filing Fee: \$25.00

Typed or printed name of signee