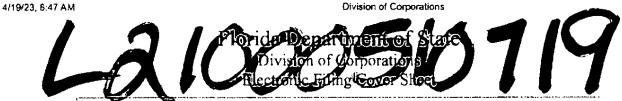
Division of Corporations

LegalZoom.com, Inc.



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H230001456523)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062

Phone : (323)962-8600

Fax Number

: (323)389-0502

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

Email:	Addcoce:			

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PALM BEACH DECON LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

Electronic Filing Menu Corporate Filing Menu

Help T. LEMIEUX APR 2 0 2023



From: Sylvia Paull

## **COVER LETTER**

	Registration Se Division of Corp			·						
surp inc		ACH DECON LLC								
SUBJECT: Name of Limited Liability Company										
The encl	osed Articles of a	Amendment and fee(s) are sub-	mitted for filing.							
Please re	turn all correspo	ndence concerning this matter	to the following:							
		Cheyenne Moseley								
			Name of Person	· · · · · · · · · · · · · · · · · · ·						
	Legalzoom.com, Inc.									
			Firm/Company	<del></del>						
	104 N Brand Blvd 11th Fl									
			Address							
		Glendale, CA 91203								
		chance@carricks.net	City/State and Zip Code							
	E-mail address: (to be used for future annual report notification)									
For furth	er information co	oncerning this matter, please co	nH:							
Cheyenn	Cheyenne Moseley 800 773-0888 at (									
	Name of	Person	Area Code Daytime	* Telephone Number						
Enclosed	is a check for th	e following amount:								
□ \$25.0	00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 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, F1, 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 To:

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PALM BEACH DECONILLO (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 12/02/2021 \_\_\_\_\_ and assigned Florida document number L21000510719 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Fides Restoration LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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 address on our records, enter the name of the new registered agent and/or the new registered office address here: Chance Carrick Name of New Registered Agent: 5500 Military Trait, Ste. 22-401. New Registered Office Address: Enter Florida street address Jupiter

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.

New Registered Agent's Signature, if changing Registered Agent:

If Changing Registered Agent, Signature of New Registered Agent

Chance Carrick

From: Sylvia Paull

To:

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 = M $AMBR = A$	lanager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Remove
			Change
			□ Remove
			Change
			Add
			□ Remove
			Change
			Add
			□ Remove
			☐ Change
			☐ Remove
			☐ Change
			□ Remove
	`		□ Change

To:

Page 3 of 3

Filing Fee: \$25.00