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A. BUTLER JAN - 8 2022

COVER LETTER

TO: Registration Division of C			
	ach Property Offers, LLC		
SUBJECT:	Name of Lin	nited Liability Company	
The englosed Articles	of Amendment and fee(s) are sub	omitted for filing.	
	spondence concerning this matter		
	Joe Grant, Esquire		
		Name of Person	
	Lorium PLLC		
		Firm/Company	
	197 South Federal Highwa	ay, Suite 200	
		Address	
	Boca Raton, FL 33432		
		City/State and Zip Code	
	jgrant@loriumlaw.com		-06
For further information	E-mail address:	to be used for future annual report notations:	ottreation)
Joe Grant, Esquire		561 361-1000	
	e of Person	at () Area Code Dayt	ime Telephone Number
, , ,	011 4330.	,	•
Enclosed is a check for	r the following amount:		
■ \$25.00 Filing Fee	☐ \$30.00 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)
<u>Mailing Add</u> Registratio		Street Address: Registration S	
_	f Corporations	Division of C	orporations
P.O. Box 6		The Centre of	f Tallahassee roe Street, Suite 810
i aiianasse	e, FL 32314	2413 IV. MOH	roe succe, suite bro

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Palm Beach Property Offers, LLC		٠٠٠. ا	1
(Name of the Limited L (A F	iability Company as it now appears lorida Limited Liability Company)	on our records.)	(E
The Articles of Organization for this Limited Liabil		,	and assigned
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company her	<u>e</u> :	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the des	ignation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	(DDRESS)		
	<u> </u>		
Enter new mailing address, if applicable:		 _	
Mailing address MAY BE A POST OFFICE BO	<u></u>		
			
B. If amending the registered agent and/or registagent and/or the new registered office address h	stered office address on our red ere:	cords, <u>enter the n</u>	ame of the new registe
Name of New Registered Agent:			
New Registered Office Address:	Enter Florid	da street address	
		Florida	
-	City	, Florida	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
MGR	GIA FREER	700 NW 71'H DRIVE	■Add
		BOCA RATON, FL 33486	□ Remove
			□ Add
			Remove
			□Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			Change
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			Change
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f an effective date is listed Note: Af the date insert	er than the date of filing, the date must be specific and ted in this block does not also on the Department of file.	d cannot be prior to meet the applical	rante of tiling of more	unan wo days anci iii	ひぎきし ひきいかい いっしついゃっこ
record specifies a dela d is filed.	iyed effective date, but no	t an effective tin	ae, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
	December 15	2021	/		
Dated			1/1/1/ /	,	

Filing Fee: \$25.00