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(Re	equestor's Name)
(Ac	ddress)
(Ac	ddress)
(Ci	ity/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Bu	usiness Entity Name)
(Do	ocument Number)
Certified Copies	Certificates of Status
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COVER LETTER

Registration Section Division of Corporations

TO:

	ACH LIVE SCAN		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Maoumba N' Mayenga		
		Name of Person	
		Firm/Company	
	1420 NW 6th Terrace		
	Pompano Beach,FL,33060	Address	
		City/State and Zip Code	
	maoumba7@gmail.com		
For further information of	e-mail address: (to be used for future annual report not all:	meanon
Maoumba Mayenga		954 200-9804 at ()	
Name o	of Person	Area Code Daytin	ne Telephone Number
Enclosed is a check for t	he following amount:		
□ \$25.00 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 Addre Registration Division of O P.O. Box 632 Tallahassec,	Section Corporations 27	Street Address: Registration Se Division of Co The Centre of 2415 N. Monro	rporations

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Palm Beach Live Scan, LLC	
(Name of the Limited Liability Compa (A Florida Limited L	nv as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number L22000283615	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
Palm Beach Livescan ,LLC	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1420 NW 6th Terrace
Principal office address MUST BE A STREET ADDRESS)	Pompano Beach,FL 33060
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 records, <u>enter the name of the new registere</u>
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
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			Remove
			□ Change
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				(optional)		
Effective date, if other the If an effective date is listed, the Note: If the date inserted in document's effective date o	date must be specific and con this block does not mee	unnot be prior to date et the applicable st	of filing or more than 90 atutory filing require) days after filing.) F	ursuant to 605 ill not be list	i.0207 ed as
ne record specifies a delayed ord is filed.	effective date, but not ar	1 effective time, at	12:01 a.m. on the ear	lier of: (b) The	90th day afte	r the
Dated					27	
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		The second secon	anragemative of a man	her		<u> </u>
	Signature of a me	ember or authorized	epresentative of a mem		SSE	بر ا آ
	Maoum	yped or printed name	MAYEN	ber (TA-	• (2022 JUL -5 PM