7/12/22, 3 26 PM

Division of Corporations

## Florida Department of State Division of Conforations Electronic Filler Cover Street

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(((H22000237291 3)))



H220082372913ABC

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GARY, DYTRYCH & RYAN, P.A.

Account Number : I19990000255 Phone : (561)844-3700 Fax Number : (561)844-2388

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

Email Address: leonard@showcasellc.com

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 1117 NILES, LLC

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 \$25.00

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Electronic Filing Menu

Corporate Filing Menu

Help. LEMIEUX
JUL 13 2022

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF		(((H22000237291 3)))	
		<b>.</b> ¢	
1117 NILES, LLC  (Name of the Limited Liability Compa (A Florida Limited)	iny as it now appears on our Liability Company)	records.)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L22000290731</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab			
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation	"LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:	9425 HOWELL LANE		
(Principal office address MUST BE A STREET ADDRESS)	PALM BEACH GARDE	NS, FL 33418	
Enter new mailing address, if applicable:	9425 HOWELL LANE		
(Mailing address MAY BE A POST OFFICE BOX)	PALM BEACH GARDE	INS, FL 33418	
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records,	enter the name of the new registere	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida street	address S S S S S S S S S S S S S S S S S S	
	Cata	> < //// ( ////P*	

## 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.

City

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		(((H22000237291 3)))		
<u>Title</u>	Name	Address	Type of Action	
MGR	LEONARD F. SCHULZ, JR.	9425 HOWELL LANE	□Abb	
		PALM BEACH GARDENS, FL 33418	□Remove	
			Change	
			⊡ Add	
			□ Remove	
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		□ Remove		
			□ Chance	

•	(((H22000237291 3)))
D. If amending any other information, e	nter change(s) here: (Attach additional sheets, if necessary.)
<u></u>	
E. Effective date, if other than the date of (If an effective date is listed, the date must be specified. If the date inserted in this block does document's effective date on the Department.	eific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b) es not meet the applicable statutory filing requirements, this date will not be listed as the
If the record specifies a delayed effective date, record is filed.	but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
Dated	2022
Leonard F. So	chulz, Jr.  ure of member or authorized representative of a member
	ne of vineages of authorized representative of a member.
LEONARD F. SCHULZ, JR.	Typed or printed name of signee

Filing Fee: \$25.00 (((H22000237291 3)))