# L22000296704

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#### **COVER LETTER**

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#### TO: Registration Section Division of Corporations

# PALM BEACH LIVING INVESTMENTS GROUP LLC SUBJECT:

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Felix Quintana Name of Person 2023 MAP. - 6 AM 10: Firm/Company 1629 16th Lane Address Greenacres, Fl 33463 City/State and Zip Code 0 G Felix.d.quintana@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Felix Quintana 5619518531 at (\_\_\_\_\_ Name of Person Daytime Telephone Number Area Code Enclosed is a check for the following amount: ■ \$25.00 Filing Fee **S**30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee. Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed)

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

#### PALM BEACH LIVING INVESTMENTS GROUP LLC

#### (<u>Name of the Limited Liability Company as it now appears on our records.</u>) (A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on Florida \_\_\_\_\_\_ and assigned

Florida document number <u>L22000296704</u>

This amendment is submitted to amend the following:

#### A. If amending name, enter the new name of the limited liability company here:

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:	<u>~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~</u>
(Principal office address MUST BE A STREET ADDRESS)	<u>72</u> 23
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, <u>enter the name of the new registered</u> <u>agent and/or the new registered office address here</u>:

Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street o	uddress
		_, 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 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 = A	Authorized	Member
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<u>Title</u>	Name	Address	Type of Action
MGR	Felix Quintana	1629 16th Lane, Greenacres, Fl 33463	Add
			🗆 Remove
			🗆 Change
MGR	Diego Panzardo	12708 Shoreline Drive Unit B, Wellington, Fl 33414	🖹 Add
			🗆 Remove
		;) 	
			A
			🗆 Add
			🗆 Remove
			□Change
			🗆 Add
			🗆 Remove
			🗆 Change
			🗆 Add
			🗆 Remove
			🗆 Change

D. If amending any other information, enter change(s) here:	(Attach additional sheets, (f necessary.)
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If the record 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 record is filed.

