## Division of Corporations Electronic Filing Cover Sheet

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To:			
	Division of Corporations		
	Fax Number : (850)617-6383		
From:			
110	Account Name : VCORP SERVICES, LLC		
	Account Number : I20080000067		
	Phone : (845)425-0077		
	Fax Number : (845)818-3588		
**Enter the email address for this business entity to be used for future			
anr	annual report mailings. Enter only one email address please.**		
Ema	il Address:		

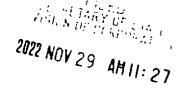
# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 3240 CHURCHILL DRIVE LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

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#### From: Vcorp Services, LI

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**



3240 Churchil	II Drive LLC		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)		
The Articles of Organization for this Limited Liability Company	were filed on11/17/2022 and assigned		
Florida document number <u>L22000489364</u>			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	<u>flity company here</u> :		
	and the state of t		
The new name must be distinguishable and contain the words "Limited Liabil			
Enter new principal offices address, if applicable:	3469 W Boynton Beach Blvd		
(Principal office address MUST BE A STREET ADDRESS)	Suite 2 PMB 1221  Boynton Beach, FL 33436-4639		
	boymon beden, i bee its		
Constitution address if applicable	3469 W Boynton Beach Blvd		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Suite 2 PMB 1221		
Islaning address shall be strong to the same	Boynton Beach, FL 33436-4639		
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 registerec</u>		
Name of New Registered Agent:			
New Registered Office Address:	Emer Fiorida 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.

MGR = Manager AMBR = Authorized Member

To: FL DIVISION OF CORPORATIONS

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR	Larry Friedman	3469 W Boymon Beach Blvd Suite 2 PMB Boymon Beach #L 33435-46J9	⊠ Add
			🖸 Remove
			□Change
AMBR	Larry Friedman	PO Box 789, Marmaroneck, NY 10543	Dadd
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ecord specifies a delayed effective date, but not an effe	ctive time, at 12:01 a.m. of	n the earlier of: (b) The	90th day after t
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