## Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20083000067 Phone : (845)425-0077 Fax Number : (845)818-3588

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

Email Address:

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

Certificate of Status	U
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Electronic Filing Menu — Corporate Filing Menu

Help

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



3240 Ch	nurchill Drive LLC Company as it now appears on ou Limited Liability Company)	Frecords )
(A Florida I	limited Liability Company)	
The Articles of Organization for this Limited Liability Co	inpany were filed on 11/17/	2022 and assigned
Florida document number <u>L22000489364</u>	-	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and contain the words "Limite	d Liability Company." the designation	on "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	(22)	
	5.57	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
	_	
B. If amending the registered agent and/or registered o agent and/or the new registered office address here:	ffice address on our records,	enter the name of the new registered
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 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
AMBR	Francis Sanchez	3469 W Boynton Beach Blvd, Suite 7 PMB, Boynton Beach , FL33436-4839	<b>⊻</b> Add
			□Remove
			©Change
	<del></del>		□Add
			Change
<del></del>			□Add
			□Remove
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			_ 🗆 Add
			□Remove
			□Change

). If amending any other in	formation, enter change(s) here: (Attac	ch additional sheets, if necessary)
		2022 DEC 16 AM IL: 27
	,	41.44-
<del> </del>		
<del></del>		
Trans date tipelied iii	n the date of filing:  the must be specific and cannot be prior to date of this block does not meet the applicable statuthe Department of State's records.	(optional) filing or more than 90 days after filing.) Pursuant to 605.0207 (3 ttory filing requirements, this date will not be listed as the
he record specifies a delayed el ord is filed.	fective date, but not an effective time, at 12	:01 a.m. on the earlier of: (b) The 90th day after the
Dated 12/16	2022	
	R.	
	Signature of a member or authorized repre	esentative of a member
	<b>.</b>	
	Typed or printed name of	7-3

Filing Fee: \$25.00