

L23000195476

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

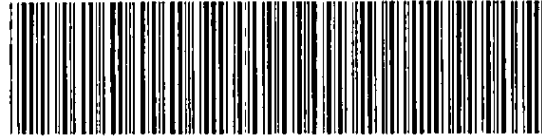
(Document Number)

Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Instructions to Filing Officer:

Office Use Only



100407899911

2023 MAY -3 AM 9:17



2023 MAY -3 PM 2:40

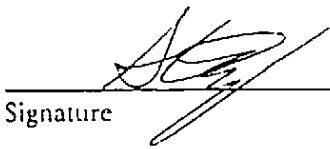
**CAPITAL CONNECTION, INC.**

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

524 W ATLANTIC, LLC

Please Debit I20000000257 For: 25

Thank you Seth Neeley

  
Signature

Requested by: SETH 05/03

Name \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Walk-In \_\_\_\_\_ Will Pick Up \_\_\_\_\_

- \_\_\_ Art of Inc. File \_\_\_\_\_
- \_\_\_ LTD Partnership File \_\_\_\_\_
- \_\_\_ Foreign Corp. File \_\_\_\_\_
- \_\_\_ L.C. File \_\_\_\_\_
- \_\_\_ Fictitious Name File \_\_\_\_\_
- \_\_\_ Trade/Service Mark \_\_\_\_\_
- \_\_\_ Merger File \_\_\_\_\_
- \_\_\_ Art. of Amend. File \_\_\_\_\_
- \_\_\_ RA Resignation \_\_\_\_\_
- \_\_\_ Dissolution / Withdrawal \_\_\_\_\_
- \_\_\_ Annual Report / Reinstatement \_\_\_\_\_
- \_\_\_ Cert. Copy \_\_\_\_\_
- \_\_\_ Photo Copy \_\_\_\_\_
- \_\_\_ Certificate of Good Standing \_\_\_\_\_
- \_\_\_ Certificate of Status \_\_\_\_\_
- \_\_\_ Certificate of Fictitious Name \_\_\_\_\_
- \_\_\_ Corp Record Search \_\_\_\_\_
- \_\_\_ Officer Search \_\_\_\_\_
- \_\_\_ Fictitious Search \_\_\_\_\_
- \_\_\_ Fictitious Owner Search \_\_\_\_\_
- \_\_\_ Vehicle Search \_\_\_\_\_
- \_\_\_ Driving Record \_\_\_\_\_
- \_\_\_ UCC 1 or 3 File \_\_\_\_\_
- \_\_\_ UCC 11 Search \_\_\_\_\_
- \_\_\_ UCC 11 Retrieval \_\_\_\_\_
- \_\_\_ Courier \_\_\_\_\_



ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

2023 MAY -3 AM 10:10

524 W ATLANTIC, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 4/19/2023 and assigned Florida document number L23000195476.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

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, enter the name of the new registered agent and/or the new registered office address here:

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>              | <u>Address</u>          | <u>Type of Action</u>                      |
|--------------|--------------------------|-------------------------|--|
| AMBR         | THOMAS ARRON HALLYBURTON | 9667 CALLIANDRA DRIVE   | <input type="checkbox"/> Add               |
|              |                          | BOYNTON BEACH, FL 33436 | <input type="checkbox"/> Remove            |
|              |                          |                         | <input checked="" type="checkbox"/> Change |
|              |                          |                         | <input type="checkbox"/> Add               |
|              |                          |                         | <input type="checkbox"/> Remove            |
|              |                          |                         | <input type="checkbox"/> Change            |
|              |                          |                         | <input type="checkbox"/> Add               |
|              |                          |                         | <input type="checkbox"/> Remove            |
|              |                          |                         | <input type="checkbox"/> Change            |
|              |                          |                         | <input type="checkbox"/> Add               |
|              |                          |                         | <input type="checkbox"/> Remove            |
|              |                          |                         | <input type="checkbox"/> Change            |
|              |                          |                         | <input type="checkbox"/> Add               |
|              |                          |                         | <input type="checkbox"/> Remove            |
|              |                          |                         | <input type="checkbox"/> Change            |

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Multiple horizontal lines for amending information.

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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.

Dated MAY 2, 2023

*Thomas F. Carney Jr*  
Signature of a member or authorized representative of a member

Thomas F. Carney Jr  
Typed or printed name of signee



DIVISION of CORPORATIONS  
an official State of Florida website

524 W Atlantic

Department of State / Division of Corporations / Search Records / Search by Entity Name /

### Detail by Entity Name

Florida Limited Liability Company  
524 W ATLANTIC, LLC

Filing Information

|                 |              |
|-----------------|--------------|
| Document Number | L23000195476 |
| FEI/EIN Number  | NONE         |
| Date Filed      | 04/19/2023   |
| State           | FL           |
| Status          | ACTIVE       |

Principal Address

524 W ATLANTIC AVENUE  
DELRAY BEACH, FL 33444

Mailing Address

524 W ATLANTIC AVENUE  
DELRAY BEACH, FL 33444

Registered Agent Name & Address

CARNEY, THOMAS F, JR  
135 S E 5TH AVE STE 202  
DELRAY BEACH, FL 33483

Authorized Person(s) Detail

Name & Address

Title AMBR

VENTRESCA, JOE  
1379 ESTUARY TRAIL  
DELRAY BEACH, FL 33483

Title AMBR

HALLYBURTON, ARRON  
9667 CALLIANDRA DRIVE  
BOYNTON BEACH, FL 33436

) Should be Thomas Arron Hallyburton  
HALLYBURTON

Title AMBR