L24000413769

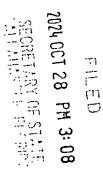
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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

Division of Cor	porations			
LONGEVI	TY WEST PALM BEACH LL	C		
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	indence concerning this matter	to the following:		
	Sean Welsh			
		Name of Person	-	
	LONGEVITY WEST PAI	.M BEACH LLC		
		Firm/Company		
	120 Sanitago Dr.			
		Address		
	Jupiter, FL 33458			
		City/State and Zip Code		
	sean.welsh@thetox.com			
		to be used for future annual report notif	ication)	
For further information c	oncerning this matter, please c	all;		
Sean Welsh		561 815-3100 at ()		
Name o	f Person	at ()	: Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address		Street Address:	etion	
Registration S		Registration Sec Division of Cor		
Division of Corporations P.O. Box 6327		The Centre of Tallahassee		

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LONGEVITY WEST PALM BEACH LLC		
(<u>Name of the Limited Liabili</u> (A Florid	ity Company as it now appears on our record a Limited Liability Company)	l <u>s.</u>)
The Articles of Organization for this Limited Liability C Florida document number L24000413769	Company were filed on	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	iited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC	or the ahbreckiation "L.L.C."
Enter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDI	RESS)	28 PM 3
Enter new mailing address, if applicable:		3: 08
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registere agent and/or the new registered office address here:	d office address on our records, <u>enter</u>	the name of the new registe
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addres	<i>y</i>
	Fl	orida
	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>	Type of Action
AMBR	Ali Gowani	1691 Silverleaf Ct.	■Add
		Naperville, IL 60563	□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Remove
			Change
			□Add
			□Remove
			□Change
			□Add
			□ □Remove
			□ Change

feetive date, if other than the date of filing: In 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 605.020 ate; If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as cument's effective date on the Department of State's records. The effective date on the Department of State's records. The effective date on the Department of State's records. The effective date on the Department of State's records. The effective date on the Department of State's records. The effective date on the Department of State's records. The 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 605.020 ate; If the date inserted in this date will not be listed as cument's effective date, but not an effective time, at 12:01 a.m. on the earlier of: (h) The 90th day after the is filed. The effective date of filing in the date of filing or more than 90 days after filing.) Pursuant to 605.020 ate; If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as cument's effective date on the date of filing or more than 90 days after filing.) Pursuant to 605.020 ate; If the date inserted in the date of filing or more than 90 days after filing.) Pursuant to 605.020 ate; If the date of filing or more than 90 days after filing.) Pursuant to 605.020 ate; If the date of filing or more than 90 days after filing.) Pursuant to 605.020 ate; If the date of filing or more than 90 days after filing.) Pursuant to 605.020 ate; If the date of filing or more than 90 days after filing.) Pursuant to 605.020 ate; If the date of filing or more than 90 days after filing or more than 90 days after filing.) The effective date is listed.				<u> </u>		
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Signature of a member or authorized representative of a member	Alon m	9/662				
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Filing Fee: \$25.00