

L24000499944

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

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12/17/24--01028--002 **25.00

FILED
2024 DEC 17 PM 2:13
ESTATE
CLERK

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 3710 LLC

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:

Robert M. Kesten, Esq.

Name of Person

Cohen, Norris, Wolmer, Ray, Telepman, Berkowitz and Cohen

Firm/Company

712 US Highway One, Suite 400

Address

North Palm Beach, FL 33408

City/State and Zip Code

CT@Cohennorris.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert M. Kesten, Esq.

561

844-3600

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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:

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**

3710 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 11/27/2024 and assigned
Florida document number L24000499944.

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)

2126 NE River Court

Jensen Beach, FL 34947

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2126 NE River Court

Jensen Beach, FL 34947

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

[illegible]

(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)

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.

ember 13 2024

 Authorized Representative

Signature of a member or authorized representative of a member

Typed or printed name of signee

11125

Check # 11125
Request # 480465
Conflict: N By jm

Amount
\$25.00

SECURITY FEATURES INCLUDE TRUE WATERMARK PAPER, HEAT SENSITIVE ICON AND FOIL HOLOGRAM



OPERATING ACCOUNT
712 US HIGHWAY 1 STE 400
NORTH PALM BEACH, FL 33408
(561) 844-3600

ANCHOR BANK
83-1645/87D

11125

11125

****Twenty Five dollars and Zero cents****

PAY

TO THE
ORDER
OF:

Department of State

For RMK/38079.008 filing fee

DATE _____

AMOUNT

12/13/2024

\$25.00

VALID VALID
VALID VALID
VALID VALID
VALID VALID

VOID AFTER 180 DAYS
OPERATING ACCOUNT

AUTHORIZED SIGNATURE

HEAT SENSITIVE

011125 1067015656 20003034