403000010149

(Re	questor's Name)	
(Add	dress)	
bA)	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to i	Filing Officer:	
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whom lo	$\mathcal{M}_{\underline{}}$	
$\Omega()$	Office Use Onl	v



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MON 58 JOSS S. PRATHER

COVER LETTER

TO: Registration S			
Division of Co	prporations	1 0	
SUBJECT: +	axson, 1	<u> </u>	The transfer of the transfer o
Nan	ne of Florida Limited Partn	nership or Limited Liability	Limited Partnership
The enclosed Certific	ate of Amendment and	d fee(s) are submitted f	or filing.
Please return all corre	espondence concerning	g this matter to:	
DEVON	PAXSOY Contact Person	<u> </u>	
Y Axson	Firm/Company		
2240 t	Bay Village	2 CA	
Palm Be	PACH GAN	DENS, Th 3	3410
	ity. State and Zip Code		
E-mail address: (to	be used for future annual re	eport notification)	
For further informati	on concerning this ma	uer, please call:	
		a 12	10-8185
Name of Contact	AX600	_at (<u>56</u>) >	ime Telephone Number
		·	mie reseptione ramou
Enclosed is a check f	or the following amou	int:	
\$52.50 Filing Fee	□\$61.25 Filing Fee and Certificate of Status	☐\$105.00 Filing Fee and Certified Copy	☐\$113.75 Filing Fee. Certified Copy, and Certificate of Status
Mailing Address:		Street Addre	
Registration Section		Registration	
Division of Corporat	ions	Division of C	orporations f Tallahassee
P.O. Box 6327 Tallahassee, FL 323	14		roe Street, Suite 810
rananassee, 11, 323	1 1	Tallahassee,	



October 10, 2022

PAXSON, LLC 2240 BAY VILLAGE CT PALM BEACH GARDENS, FL 33410

SUBJECT: PAXSON LLC Ref. Number: L03000010149

We have received your document for PAXSON LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a FLORIDA LIMITED PARTNERSHIP, but your entity is a FLORIDA LLC. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6939.

Letter Number: 422A00022657

Stacy Prather Regulatory Specialist III

COVER LETTER

TO: Registration Section Division of Corp			
SUBJECT:	OX500 1 Name of Limit	ted Liability Company	
The enclosed Articles of A	mendment and fee(s) are subr	nitted for filing.	
	dence concerning this matter t		
	D EVON	P 4500	
	Paxson	Name of Person Eign/Company	
	2240 B	AY VILLAGE C	2+
	PALL BEAC	H GADENS, F	R 33410
	E-mail address: (to	o be used for future annual report n	otification)
For further information co	ncerning this matter, please ca	ill:	
Rosly CLC	Pay 500	at (561) 3	ID -8185
Name of	Clavii	Area code 15aya	The receptoric Administra
Enclosed is a check for the	following amount:		
it \$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

Maxe	son, Icc	 ~2
(Name of the Limited Lia (A Flo	bility Company as it now appears on our r orida Limited Liability Company)	ecords.)
(Name of the Limited Lia (A Florida document number	y Company were filed on <u>03/20</u> <u>514</u> 9	2003 and assigned
This amendment is submitted to amend the following	3:	PH W 2
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and contain the words " Enter new principal offices address, if applicable: Principal office address MUST BE A STREET AL		"LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>	*****
B. If amending the registered agent and/or registered agent and/or the new registered office address her		enter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street (uddress
		_, 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>	<u>Address</u>	Type of Action
MGR	Roslyck Paxson	2240 Bay Village Ct Palu Beach Jadu Fh 334	🗀 Add
		Palu Beach Jade Fh 334	Remove
			□Change
			🗆 Add
			□Remove
			□Change
		□Add	
			□Remove
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- ·			□Add
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			🗆 Change
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			□ Change
			□Add
			□Remove
			□Change

	 	
		
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tive date, if other than the date of filing: (opti- ffective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days afte.	ional)	605.03
1 If the date inserted in this block does not meet the applicable statutory filing requirements, this		
ment's effective date on the Department of State's records.		
ord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b	b) The 90th de	ay after th
filed.	,	
	ALL	202
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1	<u></u>	
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		V 28
Signature of a member or authorized representative of a member	T. Com	