## L+5000085715

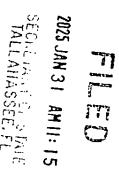
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer.
- · · · · · - · · · · · · · · · ·

Office Use Only



100443549901

01/31/25--010.5--020 \*\*0.00



S. ROBERTS

MAR 0 5 2025

## **COVER LETTER**

Div	ision of Cor	porations		
CUD IECT.	Palo Alto R	ealty LLC		
SUBJECT:	-	Name of Lim	ited Liability Company	<del></del>
The enclosed	I Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Jay M. Needelman		
			Name of Person	, <u>use a lange</u>
		Jay M. Needelman, CPA		
			Firm/Company	<del></del>
		520 West 47th Street		
			Address	<del></del>
		Miami Beach FL 33140		
			City/State and Zip Code	
		cpa160@aol.com	to be used for future annual repor	* notification
For further in	nformation c	oncerning this matter, please co		( notification)
Jay M. Need	lelman		305 495-719 at ()	00
	Name o	f Person	Area Code Di	aytime Telephone Number
Enclosed is a	check for th	ne following amount:		
<b>■ \$25.00 F</b>	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	iling Addres		Street Addres Registration	
		orporations	<del>-</del>	Corporations

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

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

Palo Alto Realty, LLC			
(Name of the Lim	ited Liability Company as it now at (A Florida Limited Liability Compa	ppears on our records.) any)	<del></del>
The Articles of Organization for this Limited I	iability Company were filed or	n <u>05/14/2015</u>	and assigned
Florida document number [1.15000085715]	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liability compan	<u>ıy here</u> :	
he new name must be distinguishable and contain the	words "Limited Liability Company,"	the designation "LLC" or the abbr	
Inter new principal offices address, if appli	cable:	) ————————————————————————————————————	7025 JAN
Principal office address MUST BE A STRE	ET ADDRESS)	P	5 71
		) H	Σ ω
		AHASSEI	
inter new mailing address, if applicable:		<u></u>	
Mailing address MAY BE A POST OFFICE	BOX)		<u> </u>
3. If amending the registered agent and/or gent and/or the new registered office addre		our records, <u>enter the name</u>	of the new register
Name of New Registered Agent:	Jay M. Needelman, CPA		
New Registered Office Address:	520 West 47th Street		
	Ente	r Florida street address	
	Miami Beach	, Florida <sup>3314</sup>	0
	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 = M AMBR = A	lanager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□Remove
			□Change
			⊡Add
			Remove
			□Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove
			□Change
			□Add
			□ Remove
			□Change
			□Add
			□Remove

\_\_\_\_\_ Change

	<del>-</del>				<del></del>	
						<del></del>
				<del></del>		
	Tactive data if other t	han the dute of fi	ling:		(ontional	`
	Tective date, if other t	han the date of fi	ling:		(optional	)
	Tective date, if other	han the date of fil	ling:		(optional	)
	Tective date, if other to an effective date is listed, th	han the date of file	ling:	o date of filing or more	(optional	) 2) Purculant to 605 0207 (
	Tective date, if other t	han the date of file	ling:	a data of filing or aroun	(optional	) > Programme to 605 0207 (
	Tective date, if other t	han the date of fi	ling:		(optional	)
	Tactive data if others	han the dute of fi	ling:		(ontional	`
		<del></del>				,
		<del></del>	<del></del>			
	·					<del></del>
	-				· · · · · · · · · · · · · · · · · · ·	<del></del>
	·				<del></del>	
				,_		<del> </del>
	<del></del>		<u></u>			
<del></del>						
<del></del>						

Filing Fee: \$25.00