

L17 0000 60093

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

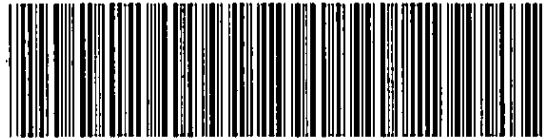
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500361778685

04/01/21--01013--005 \*\*25.00

2021 APR -1 A 9:47  
FILED

S.C.

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

14120 Palm Street LLC

**SUBJECT:** \_\_\_\_\_  
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:

Deborah A. Parlitt

\_\_\_\_\_  
Name of Person

14120 Palm Street LLC

\_\_\_\_\_  
Firm/Company

7 Palm Drive

\_\_\_\_\_  
Address

Key West, FL 33040

\_\_\_\_\_  
City/State and Zip Code

debbie@sailvation.org

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

For further information concerning this matter, please call:

Deborah A. Parlitt

\_\_\_\_\_  
Name of Person

305

at (\_\_\_\_\_) \_\_\_\_\_

Area Code

849-4155

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)

2021 APR 14 9:47 AM  
FILED

**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**

14120 Palm Street 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 June 30, 2020 and assigned Florida document number 0023099613CC.

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:** 7 Palm Drive  
(Principal office address **MUST BE A STREET ADDRESS**) Key West, FL 33040

**Enter new mailing address, if applicable:** 7 Palm Drive  
(Mailing address **MAY BE A POST OFFICE BOX**) Key West, FL 33040

**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:** Michael Kangas  
**New Registered Office Address:** 201 E. Kennedy Blvd., Suite 830  
*Enter Florida street address*  
Tampa, **Florida** 33602  
*City* *Zip Code*

APR - 1 2020  
FILED

**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>
MGR	MONIKA BOERGER TRUST		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		7 Palm Drive, Key West, FL 33040	<input checked="" type="checkbox"/> Change
AMBR	DEBORAH A. PARFITT		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		7 Palm Drive, Key West, FL 33040	<input checked="" type="checkbox"/> Change
AMBR	BARBARA GADDY		<input type="checkbox"/> Add
			<input checked="" 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

2021 APR - 1 A 9:47

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.

2011 APR - 11 11:41 AM  
b A q: 4 U

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 March 22, 2021

Signature of a member or authorized representative of a member

Deborah A. Parfitt

Typed or printed name of signee