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(Red	questor's Name)	
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(Doc	cument Number)	
Certified Copies	Certificates of	Status
		
Special Instructions to f	Filing Officer:	
	J. HORNE	
	MAR 2 5 2024	
	MAR 2 3 2024	





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COVER LETTER

TO:	Registration Se Division of Cor			
eun irz		ompany LLC		
SUBJEC	-I: <u></u>	Name of Lim	ited Liability Company	
The encl	osed Articles of	Amendment and fee(s) are sub	mitted for filing.	
		ondence concerning this matter		
		Stacie L Zimmerman		
			Name of Person	
		Stacie & Company LLC		
			Firm/Company	
		2225 Floyd St		
			Address	
		Sarasota FL 34239		
			City/State and Zip Code	
		stacie@17palmtrees.com	to be used for future annual report no	off action)
For furth	er information c	oncerning this matter, please co		Allication
Stacie Z	immerman		941 928.1970	
	Name o	f Person	at () Area Code Dayti	me Telephone Number
Enclosed	Lis a check for th	ne following amount:		
	.00 Filing Fee	\$30.00 Filing Fee &	☐ \$55.00 Filing Fee &	☐ \$60.00 Filing Fee.
□ ↓ = <i>v</i> .	.vo ming ree	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Addres	s:	Street Address:	
	Registration 5	Section	Registration S	
	Division of C P.O. Box 632		Division of Co The Centre of	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Stacie & Company 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 _	12/4/2017	and assigned
Florida document number L17000246966			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	lity company	<u>here</u> :	
17 Palm Trees Bookkeeping LLC			
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the	designation "LI	,C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
		·	<u> </u>
Enter new mailing address, if applicable:			
, , , , , , , , , , , , , , , , , , , ,			
(Muiling address MAY BE A POST OFFICE BOX)			<u> </u>
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our	records, <u>ente</u>	er the name of the new registered
Name of New Registered Agent:			
New Registered Office Address:			
	Enter F	lorida street addr	ess
		. F	Florida
	City	- -	Florida 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

Page 2 of 3

				
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Tective date, if other than the an effective date is listed, the date in ote: If the date inserted in this ocument's effective date on the	nust be specific and cannot be pr block does not meet the app	ior to date of filing or mo	(optional) re than 90 days after filing.) Pr requirements, this date wil	ursuant to 605.0207 Il not be listed as
record specifies a delay The 90th day after the re		not an effective ti	me, at 12:01 a.m. on	the earlier o
nted March 4	. 2024			
	~	nthorized representative of		

Page 3 of 3