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PICK-UP	WAIT	MAIL
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(Bu	isiness Entity Name)	
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Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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COVER LETTER

Division of Cor	rporations		
Our Emera SUBJECT:	ld Palace LLC		
	Name of Lin	nited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Gerald Fleisch		
		Name of Person	
		Firm/Company	
	8339 Valiant Drive		
		Address	
	Naples, FL 34104		
		City/State and Zip Code	
	naplesbeefs@comcast.net		
	E-mail address: (to be used for future annual report notifi	cation)
For further information c	oncerning this matter, please c	all:	
Gerald Fleisch		239 777-4157 at () Area Code Daytime	
Name o	f Person	Area Code Daytime	Telephone Number
Enclosed is a check for the	he 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

TO:

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Our Emerald Palace LLC

company has been notified in writing of this change.

(Name of the Limited Liability Company as it now appears on our geografia) 25 P 12 44

The Articles of Organization for this Limited Liability Company v	were filed on 02/20/2019 FORE JARY OF STATE and assigned
Florida document number L19000043784	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ility company here:
Gerald & Karen Fleisch and Peter & Heather Ennis LLC	
The new name must be distinguishable and contain the words "Limited Liabili	ity 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)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	· ————————————————————————————————————
	- -
Name of New Registered Agent:	
Nove Bosistanud Office Address	
New Registered Office Address:	Enter Florida street address
	. Florida
New Registered Agent's Signature, if changing Registered Agent:	
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

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>	Address	Type of Action
AMBR	Karen Fleisch	8339 Valiant Drive Naples, FL 34104	■ Add
			□ Remove
		202006770 10 11	Change
AMBR	Heather Ennis	203096 Torre Del Lago Estero, FL 33928	■ Add
			□ Remove
			Change
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	, if other than the da			(optional)	
Note: If the da		does not meet the app	olicable statutory filin	ore than 90 days after filing g requirements, this date	
	ecifies a delayed e lay after the record		not an effective t	ime, at 12:01 a.m.	on the earlier of
March I		2019			_
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00