## L21000012467

(Req	uestor's Name)	
(Add	ress)	
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(City	/State/Zip/Phon	e #)
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(Doc	ument Number)	
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## **COVER LETTER**

TO: Registration Sc Division of Cor				
Palmz Sign	ing, LLC			
SUBJECT:	Name of Lin	Limited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	indence concerning this matter	to the following:		
	Darrell R. Smith			
		Name of Person		
		Firm Company		
	12346 Sea Island Drive			
		Address		
	Jacksonville, Fl. 32225			
		City/State and Zip Code	<del></del>	
	palmznotary@gmail.com	to be used for future annual report no	tification)	
For further information e	oncerning this matter, please c	•		
Darrell Smith		720 474-6572 at ()		
Name o	f Person	Area Code Daytu	me Telephone Number	
Enclosed is a check for the	ne following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	[] \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
<u>Mailing Addres</u> Registration S	Section	Street Address: Registration Se		
Division of C	Corporations	Division of Corporations		

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

OF ACTUAL ACTUAL

Palmz Signing, LLC	21 JUL -1 PH 2: 19
( <u>Name of the Limited Liability Co</u> (A Florida Limi	mpany as it now appears on our records.) ted Liability Company)
	111/2/12

The Articles of Organization for this Limited Liability	Company	were filed on 1/4/2021		and assigned
Florida document number L21000012467	_ <del></del> '			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lir	nited liab	ility company here:		
The new name must be distinguishable and contain the words "Li	mited Liabil	ity Company," the designa	nion "LLC" or the abb	reviation "L.L.C"
Enter new principal offices address, if applicable:		2771 Monument RD S	STE 29 #235	
(Principal office address MUST BE A STREET ADDRESS)		Jacksonville, FL 32225		
		2-21 14	LYPT 30 4325	
Enter new mailing address, if applicable:		2771 Monument RD !	_ <del> </del>	<del></del>
(Mailing address MAY BE A POST OFFICE BOX)		Jacksonville, FL 3222	25 	
B. If amending the registered agent and/or register agent and/or the new registered office address here  Name of New Registered Agent:		nddress on our record	<b>i</b> s, <u>enter the name</u>	of the new registered
2771	Monumen	a RD STE 29 #235		
New Registered Office Address: 2771		Enter Florida str	reet address	
Jack	sonville		, Florida <u>322</u> .	25
<del></del>		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:	net the state hand, and address of their person being house
MGR = Manager AMBR = Authorized Member	A Company of the Comp

<u>Title</u>	<u>Name</u>	Address 21 JUL -1 FH 2: 19	Type of Action
AMBR	Darell R. Smith	2771 Monument RD STE 29 #235	<u> </u>
		Jacksonville, FL 32225	□Remove
			Change
<u>.                                    </u>			
			□Remove
			TChange
			□Remove
			Change
			□Remove
			□Remove
			DChange
<del></del> -			TAdd
			□Remove
			□ Change

		ੂਡ । ਹੁਸ਼ ਦੀ died ਹੁੰਦੀ ਹੈ।
		21 JUL - 1 PH 2: 19
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fective date, if other than the n effective date is listed, the date muster. If the date inserted in this bleument's effective date on the D	ock does not meet the applicable statut	(optional) filing or more than 90 days after filing.) Pursuant to 605.0207 tory filing requirements, this date will not be listed as
ecord specifies a delayed effectivis filed.	re date, but not an effective time, at 12:	(0) a.m. on the earlier of: (b) The 90th day after the
ted June 28.	2021	
- <del></del> -		
Darre	Signature of a member or authorized tepr:	esentative of a member
Darrell Smith		
Daten outfil	Typed or printed name of	signee

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