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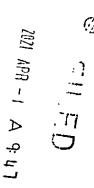
(Requestor's Name)
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(Document Number)
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COVER LETTER

TO: Registration S Division of Co				
	m Street LLC	,	; ·	
SUBJECT:	· · · · · · · · · · · · · · · · · · ·	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Deborah A. Partitt			
		Name of Person		
	14120 Palm Street LLC			
		Firm/Company		
	7 Palm Drive			
		Address		
	Key West, FL 33040			
	debbie@sailvation.org	City/State and Zip Code		
	E-mail address: (to be used for future annual report noti	lication)	
For further information	concerning this matter, please c	all:		
Deborah A. Parfitt		305 849-4155 at ()		
Name of Person			e Telephone Number	
Enclosed is a check for t	he following amount:		<u></u>	O
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)	.
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Mailing Addre Registration Division of O P.O. Box 633 Tallahassee.	Section Corporations 27		porations allahassee e Street, Suite 810	
		Tallahassee, FL		

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 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 "LLC." 7 Palm Drive Enter new principal offices address, if applicable: Key West, FL 33040 (Principal office address MUST BE A STREET ADDRESS) 7 Palm Drive Enter new mailing address, if applicable: Key West, FL 33040 (Mailing address MAY BE A POST OFFICE BOX) 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: ASS t Michael Kangas Name of New Registered Agent: 201 E. Kennedy Blvd., Suite 830 New Registered Office Address: Enter Florida street address Tampa

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

If amending Authorized Person(s) authorized to manage, <u>enter the title</u>, <u>name</u>, <u>and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	MONIKA BOERGER TRUST		□ Add
			Remove
		7 Palm Drive, Key West, FL 33040	■ Change
AMBR	DEBORAH A. PARFITT		[] Add
			□ Remove
		7 Palm Drive, Key West, FL 33040	■Change
AMBR	BARBARA GADDY		
		5119 28th Ave. S., Gulfport, FL 33707	■Remove
			□Change
			\ _ _ _ \Add
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