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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. Parfitt

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. Parfitt

305 849-4155

at (_____) _____

Name of Person

Area Code

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)

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

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**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:

(Principal office address MUST BE A STREET ADDRESS)

7 Palm Drive

Key West, FL 33040

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

7 Palm Drive

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

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
		5119 28th Ave. S., Gulfport, FL 33707	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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(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.

2021 APR - 11:11
 Pursuant to 605.0207
 will not be listed as
 A 9: 4

March 22

2021

Signature of a member or authorized representative

Signature of a member or authorized representative of a member

Deborah A. Partitt

Typed or printed name of signee