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(Requestor's Name)	
	Address)	
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	City/State/Zip/Phone #)	
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	Document Number)	
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COVER LETTER

TO: Registration Section Division of Corpor			
SUBJECT: THRE	E PAUNS O Name of Lim	FTHE TREASU	DE COAST, LLC
The enclosed Articles of Am	endment and fee(s) are sub-	mitted for filing.	
Please return all corresponde	nce concerning this matter	to the following:	
	PAUL	Name of Person	
		Firm/Company	
	7290	33 RD ST. Address	
	VERO	BACH FC 3 City/State and Zip Code	2966
-	PADAM S E-mail address: (t	107 BELLS OUT	HeNET
For further information conc	erning this matter, picase ca	iii:	
PAUL L Name of Pe	ADAMS	at (<u>771)</u> <u>31/</u> Area Code Daytime T	5945 elephone Number
Enclosed is a check for the fo	offowing amount:		
\	☐ \$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/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THREE PALM (Name of the Limit)	d Liability Company as it now appears on ou A Florida Limited Liability Company)	ME COAST, UC r records.)
The Articles of Organization for this Limited Li Florida document number <u>LOQOOO</u> ($23, \frac{\partial 009}{\partial 100}$ and assigned
This amendment is submitted to amend the follo	wing:	
A. If amending name, enter the new name of \bigwedge / \mathcal{A}		
The new name must be distinguishable and contain the w	ords "Limited Liability Company," the designation	on "LLC" or the abbreviation "L.C."
Enter new principal offices address, if applica	ıble:	SE SE
(Principal office address MUST BE A STREE	T ADDRESS)	
Enter new mailing address, if applicable:		<u>~</u>
(Mailing address MAY BE A POST OFFICE I	<u></u>	
B. If amending the registered agent and/orthe new registered of		records, enter the name of the new
Name of New Registered Agent:	N/A	
New Registered Office Address:	Enter Florida stree	et address
		. Florida
	City	Zip Code
Now Dogistary Agent's Signature if shareing D		

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 = Ma $AMBR = Au$	anager ithorized Member		
<u>Title</u>	Name	Address	Type of Action
M6R	PAUL L ADAMS	7290 33RD ST- VERO BEACH, FL 3	Add
		VERO BEACH, FL 3	1966 - Remove
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