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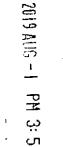
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Certified Copies	Certificates	of Status
Special Instructions to F		





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C GOLDEN AUG - 7 2019

COVER LETTER

Division of Corporations
SUBJECT: SVRE PALMETTO REALTY LLC Name of Limited Liability Company
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:
JOHN T. MULHALL Name of Person
Mulhall FAMILY MATTERS P.A.
150 E. PALMETTO PARK ROAD, SUITE 350
BOCA RATON FL 33432 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Meres A Rey at (56) 654-7355 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee Fee Fee Fee Fee Fee Fee Fee Fee Fe

MAILING ADDRESS:

TO:

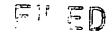
Registration Section

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

TO ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



SURE PALME	TTO REALTY	LLC	2019 AUG - 1 PM 3: 56
SVRE PALME (Name of the Limited Liab (A Flori	ility Company as it now appear ida Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Florida document number <u>4/4000669</u>		4-14-	2014 and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the ling Be Better Parto. The new name must be distinguishable and contain the words "Linguishable and contain the words".			r the appropriation "L. C."
Enter new principal offices address, if applicable:	mined Daisiney Company, the C	esignation LEC 0.	The horeviation E.E.C.
(Principal office address MUST BE A STREET ADL	DRESS)		.
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			******
B. If amending the registered agent and/or reg registered agent and/or the new registered office ad		our records, g	enter the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
-	Enter Flor	rida street address	
		, Flori	da Zip Code
~	City		Lip 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>	Address	Type of Action
			☐ Remove
			☐ Change
			Add
			□ Remove
			Change
			Remove
			☐ Change
			☐ Remove
			☐ Change
<u></u>			
			□ Remove
			Change
			□ Remove
			Change

-	
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-	
	
(If an effective Note: If the	late, if other than the date of filing:
(b) The 90t	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of the day after the record is filed.
Dated	1/29 Meresa Ley Signature of a member authorized representative of a member Theresa Ley Typed of printed name of signee
	# 17 h
-	Signature of a member of authorized representative of a member

Page 3 of 3

Filing Fee: \$25.00