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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| Special Instructions to Filing Officer: |
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COVER LETTER

| TO: | Registration Sectorial Division of Corp. | | | |
|---------|--|--|--|--|
| SUBJE | ECT: | Palms ! Name of Lim | st Palmica, Usited Liability Company | ι <u>ς</u> |
| The en | closed Articles of A | mendment and fee(s) are sub | mitted for filing. | |
| Please | return all correspond | dence concerning this matter | to the following: | |
| | | | Fat Arad Name of Person | |
| | | EA | Firm/Company 21 N. And Jew. Address 2 Kland Dark, City/State and Zip Code To be used for future annual report not | iest ments LLC |
| | | 400 | 21 N. Andrews | Au #5 |
| | | 0 | City/State and Zip Code | FL 33309 |
| | | E-mail address: (1 | con a rad 20/6 to be used for future annual report not | @ gMuil. Com |
| For fur | ther information cor | cerning this matter, please ca | | |
| | Doror Name of F | A rad | at (<u>601</u>) <u>488</u> Area Code Daytin | - 6 7 6 / ne Telephone Number |
| Enclose | ed is a check for the | following amount: | | |
| \$25 | 5.00 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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Dulms o | + Palmira, UC | | |
|---|---|--|--|
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited | any as it now appears on our records.) Liability Company) | | |
| The Articles of Organization for this Limited Liability Company Florida document number | | | |
| This amendment is submitted to amend the following: | | | |
| A. If amending name, enter the new name of the limited liab | vility company here: | | |
| The new name must be distinguishable and contain the words "Limited Liabi | lity Company," the designation "LLC" or the abbreviation "L.L.C." | | |
| Enter new principal offices address, if applicable: | Oakland Park, Fr. 33369 | | |
| (Principal office address MUST BE A STREET ADDRESS) | Oakland Park, Fr. 33369 | | |
| | | | |
| Enter new mailing address, if applicable: | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | <u> </u> | | |
| | | | |
| B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her | ffice address on our records, enter the name of the new | | |
| Name of New Registered Agent: | oron Arad | | |
| New Registered Office Address: | O 21 N. Andrew Au +5 | | |
| | all land Paric, Florida 33509 | | |
| | 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.

f Changing Registered Agent, Signature of New Registered Agent

Poron Arad

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

| Title | <u>Name</u> | Address | Type of Action |
|-------|--------------|--|-----------------------|
| AMBR | Robert Drake | 9575 Via Royale Suite 200 | Add |
| | | | |
| | | FOIT Myers, FL 3391 | 9 □ Change |
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Filing Fee: \$25.00