## L15000122246

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## **COVER LETTER**

TO:

TO: Registration : Division of C			
Cantor Pa	lm Design, LLC		
3003001.	Name of Lim	ited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corres	pondence concerning this matter	to the following:	
	Aficia Cantor Palm		
	· · · · · · · · · · · · · · · · · · ·	Name of Person	
	Cantor Palm Design, LLC		
		Firm'Company	
	4302 Beverly Ave.		
		Address	<del></del>
	Jacksonville, FL 32210		
	info@daughtersflowershop,	City/State and Zip Code com	
	E-mail address; (	to be used for future annual report notif	ication)
For further information	concerning this matter, please co	all:	
Alicia Cantor Palm		904 463-3853	
Name	of Person	at () Area Code Daytime	Telephone Number
Enclosed is a check for	the following amount:		
S25.00 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)
	LING ADDRESS: stration Section	STREET/COURI Registration Section	

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Cantor Palm Design, 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 July 22, 2015 and assigned Florida document number 1.15000122246 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: N/A The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 815 Lomax St. Enter new principal offices address, if applicable: Jacksonville, FL (Principal office address MUST BE A STREET ADDRESS) 32204 815 Lomax St. Enter new mailing address, if applicable: Jacksonville, FL (Mailing address MAY BE A POST OFFICE BOX) 32204 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: Christopher T. Owen, Esq. Name of New Registered Agent: Coppins Monroe, P.A., 1319 Thomaswood Dr. New Registered Office Address: Enter Florida street address \_\_\_\_. Florida 32308 Zin Code Tallahassee Cin

## 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
MGR	Kari G. Strate	1420 Neptune Grove Dr. E. Neptune Beach, FL 32266	<b>A</b> dd
			Remove
			□ Change
MGR	Barbara C. Palm	3535 Fitch St. Jacksonville, FL 32205	Add
			Remove
			☐ Change
			□ Remove
			Change
			Remove
		- <u></u>	Change
			Remove
			Change
			□ Remove
			☐ Change

			<u>—</u> —	
				<del></del>
-				<del></del>
<del></del>			<u> </u>	
Effective date, if other than the officetive date is listed, the date many officetive date inserted in this bedocument's effective date on the I	ast be specific and cannot be prior block does not meet the applic	to date of filing or more that able statutory filing requ	(optional) in 90 days after filing.) Pursuant irements, this date will not b	.4o 605,0207 be listed as
ne record specifies a delaye The 90th day after the re		ot an effective time,	at 12:01 a.m. on the	earlier o
October 28 Dated	2019			
	·	<u> </u>		

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Typed or printed name of signee

Filing Fee: \$25.00