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COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

		PALMS LLC I		
SUBJECT:		Name of Lim	ited Liability Company	
		Amendment and fee(s) are sub		
riease return	i aii correspo	ondence concerning this matter	to the following:	
		THIAGO ARCE		
			Name of Person	
		T.J AMERICA BUSINES	S LLC	
			Firm/Company	
		L163 JAMES PAUL RD		
			Address	
		DAVENPORT, FL 33837		
			City/State and Zip Code	
		info'd/tjamericabusiness.com		· · · · · · · · · · · · · · · · · · ·
live fuethae is	atrematica a	n-mail address: (oncerning this matter, please c	to be used for future annual report not	incation)
		oncerning this matter, prease c		
THIAGO ARCE		332 455-8146 at ()		
	Name o	f Person	Area Code Daytin	ie Telephone Number
Enclosed is a	a check for th	ne 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)
	iling Addres		<u>Street Address:</u> Registration Se	ction
	_	orporations	Registration Se Division of Cor	
). Box 632		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

979 d. C. - H. - 111 - 1

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	A PALMS LLC I	
(Name of the Limited Liability (A Florida L	Company as it now appears on our reco- imited Liability Company)	rds.)
he Articles of Organization for this Limited Liability Col londa document number <u>L15600184644</u>	mpany were filed on 10.29/2015	and assigned
his amendment is submitted to amend the following:		
a. If amending name, enter the new name of the limite	ed liability company here:	
the new name must be distinguishable and contain the words "Limite	ed Liability Company," the designation "LL	.C" or the abbreviation "L II C"
inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRE	SSS)	
inter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX		
If amending the registered agent and/or registered of gent and/or the new registered office address here:	office address on our records, ente	r the name of the new registe
The second secon		+
Name of New Registered Agent:		
New Registered Office Address.		
	Emer Florido street addr	744
		lorida I
		lorida Zy-Code
ew Registered Agent's Signature, if changing Registered.	Agent:	
hereby accept the appointment as registered agent an rovisions of all statutes relative to the proper and con ecept the obligations of my position as registered age eing filed to merely reflect a change in the registered ompany has been notified in writing of this change.	nplete performance of my dunes, a nt as provided for in Chapter 605	ind Lain familiar with and .E.S. Or, if this document is

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

Title	Name	Address	Type of Action
AMBR	LILIANA CHAER LOPES	17301 Biscayne Blvd	
		Unit 1602	^`Remove
		North Miami Beach, FL 33160	— (Thange
AMBR	ANDRE CHAER L D'ANGELO	17301 Biscayne Blvd	■Add
		Umt 1602	ZJRemove
		North Miami Beach, FL 33160	OChange
			LlAdd
			E ¹ Remove
	****		SAdd
			CI Remove
			i lChange
			J.Add
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ective date, if other than the configuration of the	late of filing:	filing or more than 90 days after filing) Pursuant to re	يد ريا
e: If the date inserted in this blo ument's effective date on the De	ck does not meet the applicable statu	atory filing requirements, this date will not be lis	sted a
cord specifies a delayed effective filled	date, but not an effective time, at 12	201 a.m. on the earlier of (b). The 50th day aft	er the
October 31st	2024		<u>;</u>
. Ulat	Thosel		
	ignature of a member or authorized repr	resentative of a member	ì
			+