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(Requestor's Name)	<u>.</u>
(Address)	
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COVER LETTER

	egistration Selvision of Co				
SUBJECT		al Realty, LLC			
. Sebuber	• ———	Name of Lin	nited Liability Company	 	
The enclose	ed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please retur	n all correspo	ondence concerning this matter	to the following:		
		Krishnanjali D'Errico			
			Name of Person	.	
			Firm/Company		
		PO Box 808			
			Address		
		Minneola Florida 34755			
			City/State and Zip Code		
		krishderrico@gmail.com			
			to be used for future annual report not	dification)	
For further	information c	oncerning this matter, please c	all:		
Krish D'Err	rico		352 613-3644	2016 TALE	
	Name o	f Person		ne Telephone Number:	
Enclosed is	a check for th	ne following amount:		T = T	
\$25.00	Filing Fee	■ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status of Certificate Copy— (additional copy is enclose	

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

Palm Central Realty, LLC		
(<u>Name of the Limited Liability Co</u> (A Florida Limi	npany as it now appears on our records.) ted Liability Company)	
The Articles of Organization for this Limited Liability Comp	any were filed on November 3, 2015 and assi	gned
Florida document number L15000186540		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	iability company here:	
Krishnanjali D'Errico, LLC		
he new name must be distinguishable and contain the words "Limited L	ability Company," the designation "LLC" or the abbreviation "L.L	.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS		
	DO D	
Inter new mailing address, if applicable:	PO Box 808	
Mailing address MAY BE A POST OFFICE BOX)	Minneola Florida 34755	
	A. 2	
3. If amending the registered agent and/or registered		f the 1
egistered agent and/or the new registered office address	iere:	
Name of New Registered Agent:		
N. B	₹% # 5% ₩	
New Registered Office Address:	Enter Florida street address	
	DL 44	
	, Florida	

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 Title Title Name **Address Type of Action** □ Add □ Remove _□ Change □ Add □ Remove □ Change _□ Add _□ Remove _□ Change □ Add Remove _☐-Change U 🗗 Add 💭 w □ Remove ☐ Change _□ Add ☐ Remove ☐ Change

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fective date, if other than the date of filing: m effective date is listed, the date must be specific and cannot be prior to date of filing.	
ote: If the date inserted in this block does not meet the applicable statutor ocument's effective date on the Department of State's records.	ry filing requirements, this date will not be listed
record specifies a delayed effective date, but not an effective 90th day after the record is filed.	ctive time, at 12:01 a.m. on the earlier
July 8th 2016	
7 - 7	
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00