L15000 188395

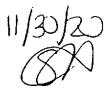
(Rec	questor's Name)	
(Add	lress)	
(Add	lress)	
(City	/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bus	iness Entity Nar	me)
(Doc	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	filing Officer:	

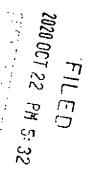
Office Use Only



300354006103

10/22/20--01012--004 **25.00





COVER LETTER

TO: Registration Division of C	Section Corporations				
STID IEZYE.	PALM GARDENS DEVE	LOPMENT, LLC			
SUBJECT:	Name of Lin	ited Liability Company			
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.			
Please return all corre	spondence concerning this matter	to the following:			
		COY A. CLARK			
		Name of Person			
	PAL	M GARDENS DEVELOPMENT.	LLC		
		Firm/Company			
	330 N. BABCOCK STREET - SUITE 103				
		Address			
		MELBOURNE, FL 32935			
	City/State and Zip Code				
	E-mail address: (to be used for future annual report notification	1)		
For further informatio	n concerning this matter, please c	all:			
COY	´A. CLARK	at (-321 -) 723-98	88		
Nam	e of Person	at (<u>321</u>) 723-98 Area Code Daytime Telep	phone Number		
Enclosed is a check fo	or the following amount:				
☑ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
<u>Mailing Add</u> Registratio		Street Address: Registration Section			
Division of Corporations		Division of Corporations			
P.O. Box 6		The Centre of Tallah			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810			

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PALM GARDENS DEVELOPMENT, 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 Florida document number - L15000188395 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability 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) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Name of New Registered Agent: New Registered Office Address: Enter Florida street address

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 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	MICHAEL E. MAGUIRE	330 N. BABCOCK STREET	Type Action FILE!
		SUITE 103	2 Pare D
		MELBOURNE, FL 32935	PILE D AREA Charge Charge
			□Add
			□Remove
			□Add
			□Remove
			□Change
			□Add
			□Remove
		 	□Change
			□ Add
			□Remove
			□Change
			🗆 Add
		 	□Remove
			□ Change

								_
								_
	.,							_
							702	5
							2020 OCT 254) -
							A 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	3 5
					-		 	T OS PM
								त्ये। च
					_		:	32
								_
					•			-
								_
								_
								_
								_
		•			•			-
'an effective date i liote: If the date	f other than the date s listed, the date must be s inserted in this block of tive date on the Depart	pecific and car loes not mee	nnot be prior to it the applicat	date of Hing o	ir more than 90	(optional days after tiling tents, this date	g.) Pursuant to 60	5.0207 ted as
record specifies I is filed.	a delayed effective dat	2, but not an	effective tim	ie, at 12:01 a.	ni, on the earl	ier of: (b) T	he 90th day aft	er the
ated				_ •				
	Sign	ature of enter	nber or author	zed representa	tive of a membe	er		
			OY A. CL					
		ν.	$\mathcal{O}_1 \cap \mathcal{O}_2 \subset \mathbb{C}$	ANN				

Filing Fee: \$25.00