

L16000121934

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900432261349

FILED

2024 JUL 10 AM 8:37

CLERK OF STATE
TALLAHASSEE, FLORIDA

RECEIVED

2024 JUL 10 PM 3:19

CLERK OF STATE
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

PLEASE USE FUNDS FROM THIS ACCOUNT: I20210000160: \$25.00__

AUTHORIZATION SIGNATURE: 

The Palms Recovery Florida, LLC. L16000121934

BUSINESS (Name) Document #

___ Walk in ___ Pick up time___

___ Mail out ___ Will wait

___ Photocopy

___ Certified copies of:

___ Certificate of Status

NEW FILINGS

___ Profit
___ Not for Profit
___ Limited Liability
___ Domestication
___ INC
___ LLP

___ INC

OTHER FILINGS

___ Annual Report
___ Fictitious Name
___ APOSTIL () _____
Country

AMMENDMENTS

_ X _ Amendment
___ Resignation of R.A. Officer/Director
___ Change of Registered Agent
___ Dissolution/Withdrawal
___ Merger
___ Conversion

REGISTRATION/QUALIFICATIONS

___ Foreign Filing
___ Limited Partnership
___ Reinstatement
___ Trademark
___ Other

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Palms Recovery Florida, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

James Lopker

Name of Person

The Palms Wellness Institute LLC

Firm/Company

3444 South Congress Ave; Suite A

Address

Palm Springs, FL 33461

City/State and Zip Code

jloper@thepalmsrecovery.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

James Lopker

561

239-6478

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

The Palms Recovery Florida, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

2024 JUL 10 AM 8:37

TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 06/23/2016 and assigned
Florida document number L16000121934.

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:

3444 South Congress Ave, Suite A

(Principal office address MUST BE A STREET ADDRESS)

Palm Springs, FL 33461

Enter new mailing address, if applicable:

3444 South Congress Ave, Suite A

(Mailing address MAY BE A POST OFFICE BOX)

Palm Springs, FL 33461

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:

James Lopker

New Registered Office Address:

3444 South Congress Ave, Suite A

Enter Florida street address

Palm Springs

City

Florida 33461

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.


If Changing Registered Agent, Signature of New Registered Agent

MGR = Manager
AMBR = Authorized Member

AMBR = Authorized Member

[illegible]

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

all addresses should read

3444 South Congress Ave Suite A.

Palm Springs, FL 33461

FILED
2024 JUL 10 AM 8:37
TALLAHASSEE, FLORIDA

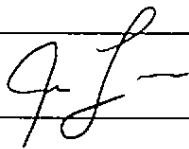
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated July 10, 2024



Signature of a member or authorized representative of a member

James Lopker

Typed or printed name of signee