

# L16 000 121934

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

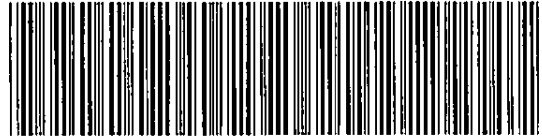
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2024 SEP 11 PM 3:26

CLERK OF STATE  
TALLAHASSEE, FLORIDA  
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 Copy**

\_\_\_ **Certificate of Status**

**NEW FILINGS**

\_\_\_ Profit

\_\_\_ Not for Profit

\_\_\_ Limited Liability

\_\_\_ Domestication

\_\_\_ CORP

\_\_\_ LLLP

**AMMENDMENTS**

X\_\_\_ Amendment

\_\_\_ Resignation of R.A. Officer/Director

\_\_\_ Change of Registered Agent

\_\_\_ Dissociation or Resignation

\_\_\_ Merger

\_\_\_ Conversion

**OTHER FILINGS**

\_\_\_ Annual Report

\_\_\_ Fictitious Name

\_\_\_ APOSTIL ( ) \_\_\_\_\_  
Country

**REGISTRATION/QUALIFICATIONS**

\_\_\_ Foreign Filing

\_\_\_ Limited Partnership

\_\_\_ Reinstatement

\_\_\_ Trademark

\_\_\_ STATEMENT OF AUTHORITY

**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 B

\_\_\_\_\_  
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**

FILED

The Palms Recovery Florida, LLC

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

2024 SEP 11 AM 10:23

SECRETARY OF STATE  
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

(Principal office address MUST BE A STREET ADDRESS)

Palm Springs, FL 33461

Enter new mailing address, if applicable:

3444 South Congress Ave

(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

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



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

all addresses should read .....

3444 South Congress Ave

Palm Springs, FL 33461

FILED  
2024 SEP 11 AM 10:23  
TALLAHASSEE, FLORIDA

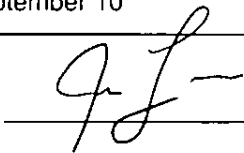
**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

(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 September 10, 2024



Signature of a member or authorized representative of a member

James Lopker

Typed or printed name of signee