

L1700000 1486

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MAY 04 2019



KYLER, KOHLER  
OSTERMILLER  
& SORENSEN

A LIMITED LIABILITY PARTNERSHIP

1883 W. Royal Hunte Dr. Suite 200  
Cedar City, Utah 84720  
Phone 435-586-9366  
Fax 435-586-9491

Andrea Emans, Paralegal  
[andrea@kkoslawyers.com](mailto:andrea@kkoslawyers.com)

April 18, 2019

Department of State  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

To Whom It May Concern:

Enclosed for processing are duplicates of the Articles of Amendment for **Ten Palms Property, LLC**. Also enclosed is a check in the amount of \$25.00 to cover the filing fee.

If you find the enclosed document acceptable, please note your acknowledgment of receipt on the copy and return it to my office with the enclosed return envelope as noted above.

Thank you for your anticipated attention to this matter.

Very truly yours,

**KYLER KOHLER OSTERMILLER & SORENSEN, LLP**

Andrea Emans, Paralegal

Enclosure

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

Ten Palms Property, 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 01/03/2017 and assigned  
Florida document number L17000001486.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Ten Palms Properties, LLC

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)

1883 W. Royal Hunte Drive Suite 200-A

Cedar City, UT 84720

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

1883 W. Royal Hunte Drive Suite 200-A

Cedar City, UT 84720

**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:

Registered Agent Solutions, Inc.

New Registered Office Address:

155 Office Plaza Drive Suite A

*Enter Florida street address*

Tallahassee

Florida 32301

*City*

*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.*

*Susan Kumpke*

If Changing Registered Agent, Signature of New Registered Agent

**MGR = Manager**  
**AMBR = Authorized Member**

19 APR 21 PM 4:45  
☐ Change  
☐ Add  
☐ Remove

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

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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 4/18, 2019

Darla L. Mini  
Signature of a member or authorized representative of a member

Darla L. Mini  
\_\_\_\_\_  
Typed or printed name of signee