## 170000 59302

	(Requestor's Name)
	(Address)
	(Address)
	(City/State/Zip/Phone #)
	(Business Entity Name)
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions	s to Filing Officer:
	Office Use Only



12/17/18--01018--009 \*\*25.00





		COVER LETTER					
TO: Registration Section Division of Corporations							
Marina SUBJECT:	Palms 601 LLC						
500JEQ 11	Name of Lin	nited Liability Company					
The construct Autoba							
	of Amendment and fee(s) are sul	_					
Prease return all corre	spundence concerning this matter	r to the following:					
	JESENIA GIL						
		Name of Person	·····				
	FOREMOST TITLE & E	SCROW SERVICES, LLC					
		Firm/Company					
	18851 NE 29TH AVENU	E, SUITE 1005					
	······	Address					
	AVENTURA, FL 33180						
	JGIL@STOKLAW.COM	City/State and Zip Code					
	E-mail address: (	to be used for future annual report notif	leation)				
For further informatio	n concerning this matter, please c	all:	3				
JESENIA GIL		305 935-4440 at ()					
Nam	e of Person		Telephone Number				
kinalmund ia a abaale fa	r the following amount:						
■ \$25.00 Filing Fee	□ \$30.00 Filing Fee &	□ \$55.00 Filing Fee &	□ \$60.00 Filing Fee,				
	Certificate of Status	Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy (additional copy is enclosed)				
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		STREET/COURIE Registration Section					
		Division of Corpora Clitton Building					
	hassee, FL 32314	2661 Executive Cen Tallahassee, FL 323					

, **,** 

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L17000059302</u>	y were filed on 03/15/2017	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	<u>bility company here:</u>	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the	e 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 o registered agent and/or the new registered office address her	ffice address on our records, <u>ento</u> <u>e</u> :	
Name of New Registered Agent:		

Name of New Registered Agent:			E	• •
			- <del>75</del> -	CH011100**
Num Danistan JOC A Lin				
New Registered Office Address:			<u> </u>	1
	Enter Florida street address			÷, ~,
		••	12	į i .
	, Florida	<u> </u>	~~~~	TIME
	City	Zip:Ce	<sup>nic</sup> ū	
New Registered Agent's Signature, if changing Registered Agent:		5-1	-	

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

.

•

<u>Title</u>	Name	Address	Type of Action
AMBR	DOMENICO B PASCAZIO MĆ FALL	31 SE 5TH STREET, SUITE 312 MIAMI, FL 33131	🖸 Add
			Remove
	Guido Pascazio Bocconi	31 SE 5TH STREET, SUITE 312	Change
MGR		MIAMI, FL 33131	🖬 Add
			Remove
			Change
			Add
			🖸 Remove
		······	
	<u> </u>		
		·	→ Add
			Remove
			Change
			🗆 Add
			Remove
			Change

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

 					;	
		-				
 			·····			
	· · · · ·			<b>.</b>		
					2018 7.4.1	
 						4.8
	-					
					二字 二二字	-
					1	121010
						3
 			····	<u></u>		1
					2	
 					PH 2: 31	
					·····	

## 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) <u>Note:</u> 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	12/13/2018		
		prove distribution	
		Signature of emember or authorized representative of a member	
		Domenico Pascazio	
		Typed or printed name of signed	—

Page 3 of 3

Filing Fee: \$25.00