L17000061555

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
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2019 HOY 20 PM 1:31

CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Phone: 850-558-1500

ACCOUNT NO. :	I2000000195
REFERENCE :	054840 162321A
AUTHORIZATION :	Spelleran
COST LIMIT :	\$ 25.00
ORDER DATE: November 18, 2019	
ORDER TIME : 2:57 PM	
ORDER NO. : 054840-005	
CUSTOMER NO: 162321A	
	
DOMESTIC AMENDM	ENT FILING
NAME: CORNERPOINTE GARDE	NS LLC
EFFECTIVE DATE:	
VV ADDITOURG OF AMENDMENT	
XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPOR	NOITA
PLEASE RETURN THE FOLLOWING AS PROOF	P OF EILING.
	r Or FILLING:
CERTIFIED COPY XX PLAIN STAMPED COPY	
CERTIFICATE OF GOOD STANDING	3
CONTACT PERSON: Amanda Robinson	EXT# 62968

EXAMINER'S INITIALS:

COVER LETTER

Div	ision of Corp	orations		
SUR IFCT:	CORNERPO	DINTE GARDENS LLC		
SOBJECT.			ited Liability Company	
The enclosed	l Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return	all correspon	dence concerning this matter	to the following:	
		Charles Hirsch		
			Name of Person	
		Milbrook Properties LTD.		
			Firm/Company	
		42 Bayview Avenue		
			Address	
		Manhasset, NY 11030		
			City/State and Zip Code	
		chirsch@milbrookproperties	s.com	
		E-mail address: (t	to be used for future annual report notifi	cation)
For further in	iformation cor	ncerning this matter, please ca	ill:	
Matthew Ku			at () 686-3300 Area Code Daytime	
	Name of I	Person	Area Code Daytime	Telephone Number
Enclosed is a	check for the	following amount:		
■ \$25.00 F	iling 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

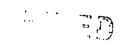
TO:

Registration Section

Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2019 NOV 20 PH 1: 31

CORNERPOINTE GARDENS 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 March 20, 2017	and assigned
Florida document number L17000061555		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lir	mited liability company here:	
Palm Marketplace LLC		
The new name must be distinguishable and contain the words "Li	mited Liability Company," the designation "ELC" or	r the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	ORESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u>-</u> .
B. If amending the registered agent and/or registered agent and/or the new registered office ad		enter the name of the
registered agent and/or the new registered office ad-	dress here.	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	· · · · · · · · · · · · · · · · · · ·
<u>,</u>	, Floric	da
	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.

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>	<u>Name</u>	Address	Type of Action
			☐ Remove
			☐ Change
			
			Remove
			☐ Change
		-	
			□ Remove
			Change
		4-	□ Add
			□ Remove
			☐ Change
			Add
		□ Remove	
			Change
			□ Add
			□ Remove
			□ Change

21 21 21	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
_	
_	
_	
_	
-	
_	
Effectiv	e date, if other than the date of filing: (optional) ive 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 (the date inserted in this block does not meet the applicable statutes.
	the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as to effective date on the Department of State's records.
ne reco The 9	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 0th day after the record is filed.
Dated N	ovember 18 2019
_	1001
	Signature of a member or authorized representative of a member
	Charles Hirsch
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00