# 11100141659

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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FEBOR 2015 J. HARRIS

### **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	law tree Name of Lim	P(u Z A	LLC
	Amendment and fee(s) are sub	<u>-</u>	
Please return all corresp	ondence concerning this matter	to the following:	
	Mhan	Name of Person	
	Plan -	tree Plaz	A LCC
		Firm/Company	
	1051 we	Firm/Company  St Busch 13  Address	sld Tamp
	TAMPA Nhan Vh E-niaii address: (	City/State and Zip Code  Of Yahoo.  To be used for future annual report notified.	3 612 0 1/2 ication)
For further information of	concerning this matter, please co	all:	
Nhan	Ha	at ( 727 ) 364  Area Code Daytime	- 1302
Name o	of Person	Area Code Daytime	: Telephone Number
Enclosed is a check for t	he 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/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

I Nhan Ha request for changing of name of LLC from Plam Tree Plaza LLC To Palm Tree Plaza LLC.

7-1-19

# TO ARTICLES OF ORGANIZATION OF

Plan Tree 1	luza LLC	
(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	were filed on JUNE 29 Z	o17 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	pility company here:	
Palm Tree Pla  The new name must be distinguishable and contain the words "Limited Liab	za L.L.C	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:	No changes	
(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 of registered agent and/or the new registered office address her	ffice address on our records, enter:  No Changes	<u> </u>
Name of New Registered Agent:	The contract	
New Registered Office Address:	Enter Florida street address	
	Florida	Zip Code
	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

### or removed from our records:

## ·MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
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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.) Pursua	ant to 605.0207 (3
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no	ot be listed as th
document's effective date on the Department of State's records.	r •
the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the	e earlier of:
) The 90th day after the record is filed.	:
7.16	<u> </u>
Dated 1-6 ST COLV	हर्स लाह्
711 AA	l
- Man Kir	
Signature of a member or authorized representative of a member	<u>C.</u>
Nhan	<u> </u>
Typed or printed name of signee	<u>.</u> .

Page 3 of 3

Filing Fee: \$25.00