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SECRETARY OF STATE TALLAHASSEE, FLORIDA

COVER LETTER

TO:				
SUBJE	СТ:	Palm Tre	e PluzA ited Liability Company	LLC
The enc	losed Articles of /	mendment and fee(s) are sub	mitted for filing.	
Please r	eturn all correspor	dence concerning this matter	to the following:	
Division of Corporations SUBJECT: Palm Tree Plaza LLC Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filling. Please return all correspondence concerning this matter to the following: Name of Person				
		Paln	1 tree P Firm/Company	laza LLC
		5840	1 Coffee	Bean Dr
		Clear was	City/State and Zip Code haa Yahou to be used Sectuture annual report not	33760 Com
For furt	her information co	ncerning this matter, please c	all:	
Division of Corporations SUBJECT: Palm Tree Plaza 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: Name of Person Palm tree Plaza LLC Firm/Company S849 Coffee Bean Dr Address FL 33.760 Clear water FC 33.760 Cley/State and Zip Code Name of Person For further information concerning this matter, please cell: Name of Person Area Code Daytime Telephone Number Enclosed is a check for the following amount: Exception Status Certificate of Status Certificate of Status Certificate of Status & Certificat Copy (additional copy) is enclosed)				
Enclose	d is a check for the	e following amount:		
E \$25	.00 Filing Fee		Certified Copy	Certificate of Status &

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 3230!

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Palm Tree P	luza LLC
	Company as it now appears on our records.) imited Liability Company)
The Articles of Organization for this Limited Liability Cor Florida document number 41700014165	mpany were filed on 6/29/2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limite	ed liability company here:
The new name must be distinguishable and contain the words "Limite	d Lizbility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRE	(SS)
	FB ARE
Enter new mailing address, if applicable:	ASS ASS
(Mailing address MAY BE A POST OFFICE BOX)	
•	3 3 3 3 3 3 3 3 3 3
B. If amending the registered agent and/or registered agent and/or the new registered office addre	red office address on our records, enter the name the the sew
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
·	, Florida 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> **Name** <u>Address</u> **Type of Action** AMBC Ha Thinh 5701 1474 AVE N WAdd Clearwater FL 33760 ☐ Change ☐ Add ☐ Remove ☐ Change □ Add _□ Remove _ Change □ Add □ Remove __ Change _□ Add _□ Remove ☐ Change □ Add

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Effec	tive date, if other than the date of filing: 2/14/18 (optional)	
(If an e	ffective 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 605.0 If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed	207 ()
	nent's effective date on the Department of State's records.	asu
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlience 90th day after the record is filed.	r of:
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Dated	1_2/14/18	
	Man Ha	
	Signature of a member or authorized representative of a member	
	Nhan V. Ha Typed or printed name of signer	

Page 3 of 3

Filing Fee: \$25.00