## 157000/65702

(Requestor's Name)
(Address)  (Address)  (City/State/Zip/Phone #)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

TO:				
en in		lty Properties LLC		
SUB	IEC1:	Name of Lim	ited Liability Company	
Division of Corporations    Palm Realty Properties LLC     Name of Limited Liability Company				
Pleas	e return all correspo	ondence concerning this matter	to the following:	
		Kerry L. Klun		
Name of Person				
		Palm Realty Properties I	LLC	
Division of Corporations    Palm Reality Properties LLC				
		225 5th Ave. Suite 7		
			Address	
		Indialantic, FL 32903		
			City/State and Zip Code	<del></del>
For fi	urther information c		•	cation)
Kern	y L. Klun		nt (	
	Name c	f Person	Area Code Daytime	Telephone Number
Enclo	osed is a check for t	he following amount:		
<b>■</b> \$	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 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Palm Realty Properties LLC		
( <u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appears on our rec d Liability Company)	cords.)
The Articles of Organization for this Limited Liability Companies Florida document number <u>L17000165702</u> .	ny were filed on July 9, 2018	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	ibility company here:	
The new name must be distinguishable and contain the words "Limited Lial	bility Company," the designation "l	LLC" or the abbreviation "L.L.C"
Enter new principal offices address, if applicable:		<b>8</b> VISE
(Principal office address MUST BE A STREET ADDRESS)		
		<u>ω</u> ΩΥ
Enter new mailing address, if applicable:		AM II: 3
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ad	dress
		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>	<u>Name</u>	Address	Type of Action
AMBR	Melanie Rogers	1382 Roundhill Ave NW	<b>=</b> Add
		Palm Bay, FL 32907	☐ Remove
			☐ Change
			Add
			☐ Remove
			Change
			□ Remove
			□ Change
		<del> </del>	
			□ Remove
		-	☐ Remove
			□ Change
			□ Remove
			☐ Change

Effective date, if other than the date of filing:  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 605.03  out: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed scunnent's effective date on the Department of State's records.  The poth day after the record is filed.			
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fective date, if other than the date of filing:	_		30
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The 90th day after the record is filed.			
			e earlier
ated July 9. 2018	The	90th day after the record is filed.	
		July 9. / 2018	
At I			

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Typed or printed name of signee

Filing Fee: \$25.00