L17000258885

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		





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2023 NOV 16 PH 3: 35
SLOPEL WOLLDERS FL

O SIMMONS DEC 17 2028

SUBJECT: Migh	Dry Palms Or Name of Limi	ited Liability Company	
	mendment and fee(s) are sub-	_	
riease return an correspond	dence concerning this matter	to the following:	
		Name of Person	~e]/
	Migh	firm/Company	blishing LLC
	3840	Long Board	Lone
		City/State and Zip Code	32712
	Publisher (E-mail address: (i	City/State and Zip Code MO/OSSOCO o be used for future annual re	port notification)
For further information con	cerning this matter, please ca	ill:	
Name of F	A.R. result	at (407) G	327 - 1923 Daytime Telephone Number
Enclosed is a check for the	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 enclose)
Mailing Address:		Street Add	ress:

Registration Section

Division of Corporations

TO:

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee. FL 32303

TO ARTICLES OF ORGANIZATION **OF**

Mighty Palms	Drapics	L 2013 NOV 16 PM 3: 35	
(Name of the Limite	d Liability Company as it nov A Florida Limited Liability Co	w appears on our records.) ompany)	
		SALAT SATER	
The Articles of Organization for this Limited Lia	· · ·	d on Decorber 20, 2017 and assig	
Florida document number $L1750025$	<u>, 2885</u> .		
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability comp	<u>pany here:</u>	
Milt Pla	Publich = 1	1 6	
The new name must be distinguishable and contain the we	ords "Limited Liability Compar	ny," the designation "LLC" or the abbreviation "L.L."	
Enter new principal offices address, if applica	able:	,.	
(Principal office address MUST BE A STREET	TADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE I	<u></u>		
B. If amending the registered agent and/or re	-	n our records, enter the name of the new r	
agent and/or the new registered office address	<u>s here</u> :		
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:

MILOI

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with a accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this docum 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.

or removed from our records:

MGR = Manager AMBR = Authorized Member

LED

<u>Title</u>	<u>Name</u>	Address 2023 NOV 16 PM 3: 35	Type of
		SERVELANT OF STATE TALLAMASSEE, FL	🗆 Add
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	2023 NOV 16 PM 3: 35
	SECRETARY - STATE
	TALL CASES, FL
	· · · · · · · · · · · · · · · · · · ·
	<u> </u>
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Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to a Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	(optional) late of filing or more than 90 days after filing.) Pursuant to 605 c statutory filing requirements, this date will not be list
e record specifies a delayed effective date, but not an effective time ord is filed.	, at 12:01 a.m. on the earlier of: (b) The 90th day after
Dated November 13 . 2020	
Signature of a member or authoriz	ed representative of a member
	orreliame of signee
	· /

. . .

Filing Fee: \$25.00