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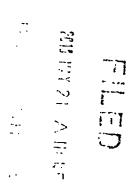
(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
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Special Instructions to Filing Officer:

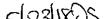
Office Use Only



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## **COVER LETTER**

TO: Registration S Division of Co				
SUBJECT:	The Plane of Limi	ited Liability Company	LIC	
The enclosed Articles o	f Amendment and fee(s) are sub-	mitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	Christop	her Lee Name of Person		
		Firm/Company CUISE AUC	- No. 100 (100 (100 (100 (100 (100 (100 (100	
	Wewghi Friendly Co	Address  Chi Ka F1 3  City/State and Zip Code  or parallel for future annual report hotif	ayes	
For further information	concerning this matter, please or	all:		
Christoph	PC LCC of Person	at (SSO) Daytime	1 9933 e Telephone Number	
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filling Fee &: Certified Copy (additional copy is enclosed)	☐ \$60,00 Filing Fee. Certificate of Status Certified Copy radditional copy is enclos	

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Fallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, F1, 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Plam G	1Uru	LLC			
(Name of the Limited Liability Company (A Florida Limited Liab	as it now appears olity Company)	on our records.	.)		
The Articles of Organization for this Limited Liability Company we Florida document number <u>L18 COO 118 775</u> .	ere filed on	<u> [11]30</u>	18_:	and assi	gned
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liability  The Palm Giller  The new name must be distinguishable and contain the words "Limited Liability"	LLC		or the abbrevia	ntion "L.I.	C.''
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)					
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)				200 T 2	<u> </u>
B. If amending the registered agent and/or registered offic	e address on	our records,	enter the	name o	of the nev
registered agent and/or the new registered office address here:			. •	; <del>-1</del>	
Name of New Registered Agent:				. <b></b> .	
New Registered Office Address:	Franklinia	la street address			
	130gr 1 10r10				
	Circ	, F10	rida	io 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	Address	Type of Action
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Note:	tive date, if other than the date of filing:	05.0207 (3 sted as th
docur		
the re	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earle 90th day after the record is filed.	ier of:
the re	90th day after the record is filed.	ier of:

Page 3 of 3

Filing Fee: S25.00