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Amend

MAR 2 7 2020 I ALBRITTON

COVER LETTER

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

Patina Pa SUBJECT:	lm LLC		
SUBJECT.	Name of Lim	nited Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
	Angela M Koepplinger		
	Patina Palm LLC	Name of Person	
		Firm/Company	
	627 fish Ave N: 627	5 4th AVE S.	
		Address	
	St. Petersburg, FL 33701		
	angela@patinapalm.com	City/State and Zip Code	
	E-mail address: (to be used for future annual report no	otification)
For further information	concerning this matter, please ca	all:	
Angela M Koepplinger		727 310-9480 at ()	
Name	of Person		me 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 tadditional copy is enclosed
Regis	LING ADDRESS: tration Section ion of Corporations	STREET/COUNTY Registration Sectory Division of Corp	
P.O. I	Box 6327 nassee, FL 32314	Clifton Building 2661 Executive C	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

A D.T.	TO BE OF O	-	
AKI	O CLES OF	RGANIZATION F	
	O	•	
Patina Palm LLC			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Name of the Limit	ted Liability Compa- (A Florida Limited I.	ny as it now appears on our r liability Company)	ecords.) 2. 2018 and assigned
The Articles of Organization for this Limited L	iability Company	were filed on November 0	2,2018 and assigned 5
Florida document number L18000257578	·		
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liabi	lity company here:	
		<u> </u>	
The new name must be distinguishable and contain the v	vords "Limited Liabil	ity Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applic	able:		
(Principal office address MUST BE A STREE		<u></u>	
Trincipal office namess month Distriction			
Enter new mailing address, if applicable:		645 4th Ave S	
(Mailing address MAY BE A POST OFFICE	BOX)	St. Petersburg, FL 33701	
	<u></u>		
B. If amending the registered agent and			cords, enter the name of the new
registered agent and/or the new registered of	ffice address here		
Name of New Registered Agent:			
New Registered Office Address:	645 4th Ave S		
	Enter Florida street address		
	St. Petersburg	Z**:	Florida 33701 Zip Code
		City	zip Code
New Registered Agent's Signature, if changing			
I hereby accept the appointment as registered provisions of all statutes relative to the propaccept the obligations of my position as regional filed to merely reflect a change in the company has been notified in writing of this	er and complete istered agent as p registered office	performance of my dutic provided for in Chapter (es, and I am familiar with and 605, F.S. Or, if this document is

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
MGR	Aaron D Burke	627 6th Ave N	
		St. Petersburg, F1, 33701	
			Change
MGR	Christopher Koepplinger	2001 Rafton Rd	= Add
		Apopka, FL 32703	_
			Change
			Add
			☐ Remove
			□ Change
			Add
			Remove
			□ Change
			Remove
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_,			
			
E. Effective date, if other than the	e date of filing:	of filing or more than 90 days after filing.) Pu	
(If an effective date is listed, the date mu Note: If the date inserted in this b document's effective date on the I	dock does not meet the applicable st	of filing or more than 90 days after filing.) Pu atutory filing requirements, this date wil	Insuant to 605.0207 (3)(6) I not be listed as the
If the record specifies a delaye (b) The 90th day after the rec	ed effective date, but not an ecord is filed.	effective time, at 12:01 a.m. on	the earlier of:
March 10	2020		
	udala Vacar	1111000	

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00