L19000049239

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2025 APR 18 ATT1: 0~

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COVER LETTER

TO:

Tallahassee, FL 32314

TO: Registration Sc Division of Cor			j	
SUBJECT: FIVE LITT	LE PALMS, LLC	, ,) e	
SUBJECT:		ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
	ondence concerning this matter	~		
	Anthony J. Barrows			
	minony s. isanony	Name of Person		
	Wright Barrows PLLC			
		Firm/Company	 	
	9711 Overscas Highway			
		Address		700 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	Marathon	City/State and Zip Code		7. T
	sue@keysclosings.com	·		
For further information c	E-mail address: (concerning this matter, please ea	to be used for future annual report notiful.	fication)	
Anthony Barrows		at (305) 743-8118		
Name o	f Person		c Telephone Number	
Enclosed is a check for the	he 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 Sta Certified Copy (additional copy is en	tus &
Mailing Addres		Street Address:		
Registration S Division of C		Registration Sec Division of Cor		
P.O. Box 632	• • • • • • • • • • • • • • • • • • •	The Centre of T	•	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FIVE LITTLE PALMS, LLC

The Articles of Organization for this Limited Liability Co	ompany were filed on February 19	2, 2019 and assigned
Florida document number L19000049239	_ .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and contain the words "Limit	ted Liability Company," the designation	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR.	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
Training maners, Mill DE 11 1 051 01 11 CE BOX	 _	
B. If amending the registered agent and/or registered agent and/or the new registered office address here: Name of New Registered Agent:	office address on our records,	enter the name of the new registere
New Registered Office Address:		
	Enter Florida street	address
	City	, Florida
New Registered Agent's Signature, if changing Registered	•	ng cont
I hereby accept the appointment as registered agent a provisions of all statutes relative to the proper and co accept the obligations of my position as registered ag being filed to merely reflect a change in the registered company has been notified in writing of this change.	and agree to act in this capacity complete performance of my duti ent as provided for in Chapter	es, and I am familiar with and 605, F.S. Or, if this document is
	If Changing Registered Agent, Signa	ature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being adder removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Robert Leef	PO Box 967	
		Islamorada, FL 33036	■Remove
			☐ Change
			□Add
			□Remove
			□Change
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Effective date, if other than the date of filing: April 4, 2025 (optional fine effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date document's effective date on the Department of State's records.		——————————————————————————————————————
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record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) T is filed.	he 90th day	after the
ated April 4, 2025		2025 APR 18
	·:: <u>`</u>	ΑPR
Signature of a member or authorized representative of a member		~
Signature of a member of authorized representative of a member		_ 0
Phillip G. Sena	11,	_ co