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## **COVER LETTER**

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TO: Registration S Division of Co			
5305 PAL SUBJECT:	.M LLC	<i>:</i>	
3003DCT	Name of Lim	ited 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:	
	Shelly Segal		
		Name of Person	····
	5305 Palm LLC		
		Firm/Company	
	858 Glades CT NE		
		Address	
	Saint Petersburg Florida 3.	3702	
	segal0828@gmail.com	City/State and Zip Code	
	E-mail address: (	to be used for future annual report notifi	ication)
For further information	concerning this matter, please c	all:	
Shelly Segal		727 4245929 at ( )	
Name	of Person		Telephone Number
Enclosed is a check for	the following amount:		
■ \$25.00 Filing Fee	S30.00 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 enclosed)
			•
Mailing Addre Registration		<u>Street Address:</u> Registration Sec	tion
	Corporations	Division of Corp	
P.O. Box 63		The Centre of Ta	
Tallahassee,	FL 32314		Street, Suite 810

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2020 N. 7 22 Pri 1:02

5305 Palm LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on  $\underline{\frac{04/24/2019}{}}$ \_\_\_\_ and assigned Florida document number EIN 834613129 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: C - Shell Palm L.L.C. The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 858 Glades CT NE, Saint Petersburg FL 33702 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) 858 Glades CT NE, Saint Petersburg FL 33702 Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address \_\_\_\_\_, Florida \_\_\_ City

## 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 = 1 AMBR =	Manager Authorized Member	2020 H.,; 22 Fil 1: (	
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Filing Fee: \$25.00