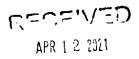
## L19000129741

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## **COVER LETTER**

TO:	Registration S Division of Co.			
	GHOSTL	Y TINGS LLC		<b>.</b> ●
SUBJE	:CT:			
		Name of Lin	nited Liability Company	
The end	closed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please	return all correspo	ondence concerning this matter	to the following:	
		MOHAMED ANSARI		
			Name of Person	<del></del>
		GHOSTLY TINGS LLC		
		<del></del>	Firm/Company	<del></del>
		1350 2ND ST		
			Address	
		ORANGE CITY, FL 327	63	
		MOANSARI003@GMAI	City/State and Zip Code L.COM	
		E-mail address: (	to be used for future annual report no	otification)
For furt	her information c	oncerning this matter, please c	all:	
	AMED ANSARI		321 663-4211	
	Name o	f Person	Area Code Daytii	me Telephone Number
Enclose	d is a check for tl	ne following amount:		
<b>■</b> \$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 enclosed)
	Mailing Addres Registration S		Street Address:	vetion
	Division of C		Registration Se Division of Co	
	P.O. Box 632	7	The Centre of	
	Tallahassee, I	FL 32314	2415 N. Monro	oe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GHOSTLY TINGS LLC	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	<del></del>
The Articles of Organization for this Limited Liability Company were filed on   Florida document number L19000129741	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here: PALACE GOODS LLC	
The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the af	obreviation "L.L.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)	
B. If amending the registered agent and/or registered office address on our records, <u>enter the namagent and/or the new registered office address here</u> :	
Name of New Registered Agent:	<u> </u>
New Registered Office Address:	<u>-</u> -
Enter Florida street address	-p
, Florida	
City	Zip 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 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>	<u>Address</u>	Type of Action
			□Add
			□Remove
			□Change
			□Remove
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			□ Remove
			□Change
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ffective date, if other than the	date of filing:	to date of filing or more than 90 days after fi	al)
<i>lote:</i> If the date inserted in this b	st be specific and cannot be prior lock does not meet the annlic	to date of filing or more than 90 days after fi able statutory filing requirements, this c	ling.) Pursuant to 605,0207
ocument's effective date on the D	Department of State's records.	and state of ming requirements, this c	iate will not be listed as
record specifies a delayed effectiv Lis filed.	e date, but not an effective ti	me, at 12:01 a.m. on the earlier of: (b)	The 90th day after the
APRIL 06 ated	2021		
anco	<del></del>	<u> </u>	
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Typed or printed name of signee