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Office Use Only



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S. YOUNG

COVER LETTER

	gistration Sec vision of Corp			
SUBJECT:	Autumn Pal	m Drive LLC		
SUBJECT:		Name of Lin	nited Liability Company	
The enclosed	d Articles of A	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspor	ndence concerning this matter	to the following:	
		Robert J. Chalfin		
			Name of Person	-
		Autumn Palm Drive LLC		
			Firm/Company	
		83 Clarendon Court		
			Address	···
		Metuchen, New Jersey 088	340	
			City/State and Zip Code	
		bob@chalfin.com E-mail address: (to be used for future annual report noti	fication)
For further in	nformation co	ncerning this matter, please c	•	·
Robert J. Ch	alfin		732 321-1099 at ()	
	Name of	Person		e Telephone Number
Enclosed is a	check for the	e following amount:		
■ \$ 25.00 F	iling 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)
Reg Div P.C	ling Address gistration Societion of Co D. Box 6327 lahassee, F.	ection orporations	Street Address: Registration Sec Division of Cor The Centre of T 2415 N. Monroe Tallahassee, FL	porations 'allahassee e Street, Suite 810

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

Autumn Palm Drive LLC			101
(Name of the Lin	n <mark>ited Liability Compa</mark> (A Florida Limited	iny as it now appears on our rec Liability Company)	ords.)
The Articles of Organization for this Limited			2019 Saind assigned
Florida document number L19000233829			神 豆 门
This amendment is submitted to amend the fo	llowing:		是1.6
A. If amending name, enter the new name	of the limited liah	ility company here:	
The new name must be distinguishable and contain the	words "Linated Liabi	lits Company" the designation "I	A.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		c/o Robert J Chalfin	
		83 Clarendon Court	
(Principal office address MUST BE A STREET ADDRESS)		Metuchen, NJ 08840	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		c/o Robert J. Chalfin	
		83 Clarendon Court	
		Metuchen, NJ 08840	
B. If amending the registered agent and/or agent and/or the new registered office addr	ress here:		ter the name of the new registered
Name of New Registered Agent:	James Engelmann		
New Registered Office Address:	3926 Round To		
		Enter Florida street add	lress ———————————————————————————————————
	Land O' Lakes		Florida <u>34638</u>
			Florida

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

Title	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
			□Change
			□Add
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Effective date, if other the (If an effective date is listed, the Note: If the date inserted in document's effective date of	date must be specific and a this block does not m	cannot be prior to dat sect the applicable :	e of filing or more than '		
document's effective date of	ii ine Departmeni or Si	ane s records.		-	
the record specifies a d The 90th day after t		ate, but not an	effective time, a	t 12:01 a.m. on the	earlier of:
Dated July 29	<u></u>	2020			
//()	Challie				
	Signature of a m	nember or authorized	representative of a mer	nber	

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