3/17/23, 8:32 AM

Division of Corporations ectronic Filing Cover

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : 120010000062 Phone : (323)962-8600 Fax Number : (323)389-0502

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

mail /	Address:					
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN GEARHART PALMS LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

Electronic Filing Menu Corporate Filing Menu

T. LEMIEUX

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COVER LETTER

TO: Registration Sec Division of Cor					
	RT PALMS LLC				
SUBJECT:	Name of Limited Liability Company				
The enclosed Articles of	Amendment and fee(s) are submitted for filing.				
Please return all correspo	ondence concerning this matter to the following:				
	Cheyenne Moseley				
	Name of Person				
Legatzoom.com. Inc.					
Firm ² Company					
	101 N Brand Blvd 11th Fl				
	Address				
	Glendale, CA 91203				
	City/State and Zip Code				
	wehnermj@gmail.com				
	h-mail address, (to be used for future annual report notification)				
For further information c	concerning this matter, please call:				
Cheyenne Moselcy	800 773-0888 at ()				
Name (of Person Area Code Daytime Telephone Number				
Enclosed is a check for t	the following amount:				
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee. Certified Copy (additional copy is enclosed)				

MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clitton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

GEARHART PALMS LLC		
(Same of the Limited Liability (A Florida	y Company as it now appears on our records.) Limited Liability Company)	
The Articles of Organization for this Limited Liability Co Florida document number 1.20000079315	ompany were filed on 03/11/2020 	and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limi</u>	ited liability company here:	
The new name must be distinguishable and contain the words "Limi	ited 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)		
		22
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		r the name of the no
		- 5
Name of New Registered Agent:		7
New Registered Office Address:		TO C
	Enter Florida street address	·
	. Florida	· ω •
	Cuv	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, E.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited hability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

From: Sylvia Paull

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>	Name	Address	Type of Action
AMBR	Kara Fullmer-Wehner	520 NE 9th Avenue Fort Lauderdale, FL 33301	■ Add
			☐ Remove
			Change
			Remove
			☐ Change
			
			Remove
			☐ Change
			Add
			☐ Change
			☐ Remove
			☐ Change
	<u></u>		
			☐ Remove
			□ Change

Michael Wehner

▲ . Paga: 6 of 6	2023-03-17 06:34:29 PDT	LegalZoom.com, Inc.	From, Sylvia Pau
D. If amending any other informatio	n, enter change(s) here: (Attach addi	itional sheets, if necessary.)	·
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E. Effective date, if other than the date (If an effective date is listed, the date must be Note: If the date inserted in this block document's effective date on the Depa	specific and cannot be prior to date of filing or does not meet the applicable statutory fil	(optional) more than 90 days after filing.) Pursuant to ing requirements, this date will not be	605.0207 (3)(b) listed as the
If the record specifies a delayed e (b) The 90th day after the record		e time, at 12:01 a.m. on the ea	arlier of:
Dated JANUARY 19	7023		
Sign	nature of a member or authorized representati	ve of a member	-

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00