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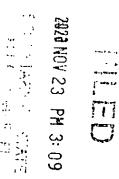
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#### **COVER LETTER**

TO: Registration Section **Division of Corporations** THE PALMS DESIGN, LLC SUBJECT: \_\_\_\_\_ Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Jan Marie Logsdon Name of Person THE PALMS VIRTUAL, LLC Firm/Company 1500 E Johnson Ave #218 Address Pensacola, FL 32514 City/State and Zip Code janmarielogsdon@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: 850 207-4706 Jan Marie Logsdon Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ☐ \$60.00 Filing Fee. ☐ \$55.00 Filing Fee & ☐ \$30.00 Filing Fee & ■ \$25.00 Filing Fee Certificate of Status & Certificate of Status Certified Copy

**Mailing Address:** 

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

(additional copy is enclosed)

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Certified Copy

(additional copy is enclosed)

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION — [ ED OF

2928 NOV 23 PM 3: 09

	LMS DESIGN, LLC
(Name of the Limited Liab	uility Company as it now appears on our records:) ida Limited Liability Company)
(A Flor	ada Limited Liability Company)
The Articles of Organization for this Limited Liability	Company were filed on April 27, 2020 and assigned
lorida document number	
his amendment is submitted to amend the following:	
a. If amending name, enter the new name of the li	mited liability company here:
THE PALM	S VIRTUAL, LLC
he new name must be distinguishable and contain the words "L	imited 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 AD	DDECC)
THICIPUL OFFICE ADDITION OF A STREET ADI	UNI JS)
Enter new mailing address, if applicable:	
ATTACH TACAT TRANSPORTED CONTRACTOR OF THE PROPERTY OF THE PRO	
Mailing address MAY BE A POST OFFICE BOX)	
Mailing address MAY BE A POST OFFICE BOX)  3. If amending the registered agent and/or register	
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Mailing address MAY BE A POST OFFICE BOX)  3. If amending the registered agent and/or register agent and/or the new registered office address here  Name of New Registered Agent:	
Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or register agent and/or the new registered office address here	g:
Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or register agent and/or the new registered office address here  Name of New Registered Agent:	red office address on our records, enter the name of the new registe:  Enter Florida street address
Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or register agent and/or the new registered office address here  Name of New Registered Agent:	g:

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 = Manager AMBR = Authorized Member

### 2929 NOV 23 PM 3: 09

<u>Title</u>	Name	Address : STATE	Type of Action
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If amend	ing any other information	, enter change(s) here:	e(s) here: (Attach additional sheets, if necessary.)		
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If an effect Note: If	e date, if other than the da ive date is listed, the date must be the date inserted in this block t's effective date on the Depa	specific and cannot be prior to does not meet the applicab	date of filing or more than 90 dele statutory filing requireme	_ (optional) ays after filing.) Pursuant to 605.0207 ints, this date will not be listed as	
ne record s ord is filed		ate, but not an effective time	e, at 12:01 a.m. on the earlie	er of: (b) The 90th day after the	
Datad	November 18	2020			
Dated		Jan Ma	rie logsdo	<u> </u>	
	Sig		zed representative of a member	7	
		Jan Marie Le	ngsdon		

Filing Fee: \$25.00