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## **COVER LETTER**

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT: Palm	City 277 Holdings LLC		
30031371.		nited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Sanford J. Aaron		
		Name of Person	
	JOELSON ROSENE	BERG, PLC	
	· · · · · · · · · · · · · · · · · · ·	Firm/Company	
	30665 Northwestern	i Hwy., Ste 200	
		Address	
	Farmington Hills, MI	48334	
		City/State and Zip Code	
	saaron@jrlawplc.cor	m	
	E-mail address: (	to be used for future annual report not	ification)
For further information c	oncerning this matter, please c	all:	
	Sanford Aaron	at (_248)626-9966	
Name o	f Person		ne Telephone Number
Enclosed is a check for the	ha following amount:		
Enclosed is a check for th	ie following amount.		
■ \$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		Street Address:	
Registration 5		Registration Se Division of Co	
Division of C P.O. Box 632		The Centre of	-

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Palm City 277 Holdings LLC		
( <u>Name of the Limited Liability Company</u> (A Florida Limited Li:	y as it now appears on our records.) ability Company)	
The Articles of Organization for this Limited Liability Company w	were filed on <u>May 8, 2020</u>	and signed
Florida document number <u>L20000125399</u>		
This amendment is submitted to amend the following:		and Zigstigned Fill F
A. If amending name, enter the new name of the limited liability	ity company here:	
Palm City Holdings 277 LLC		i, i o
The new name must be distinguishable and contain the words "Limited Liability	y Company," the designation "LLC" or t	he abbreviationL.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 adagent and/or the new registered office address here:  Name of New Registered Agent:	ldress on our records, enter the	name of the new registered
New Registered Office Address:	Enter Florida street address	
	<b>53.</b>	
	, Florida	A Zip Code
New Registered Agent's Signature, if changing Registered Agent:	•	•
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete p accept the obligations of my position as registered agent as pr being filed to merely reflect a change in the registered office a company has been notified in writing of this change.	erformance of my duties, and I covided for in Chapter 605, F.S.	am familiar with and Or, if this document is

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
			\ \ Add
			□Remove
			Change
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lf an effed <u>Note:</u> I	ve date, if other than the date of filing:
e record rd is file	specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the d.
Dated _	May 20 . 2020 .
	Signature of a member or authorized representative of a member
	Sanford J. Aaron, Authorized Representative
	Typed or printed name of signee

Filing Fee: \$25.00