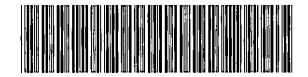
# 120000150346

	(Requestor's Name)
	(Address)
	(
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
<u> </u>	(Business Entity Name)
	, ,
	(Document Number)
Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:
<u> </u>	
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2022 APT -7 PH 2: 56

A. BUTLER APR 0 8 2022

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

· · · · · · · · · · · · · · · · · · ·				
Palm Trail Luxury He	omes, LLC.			
	<del></del>			
	· · · · · · · · · · · · · · · · · · ·		<del></del>	Art of Inc. File
				LTD Partnership File
				Foreign Corp. File
				L.C. File
_			<del></del>	Fictitious Name File
				Trade/Service Mark
			-	Merger File
				Art. of Amend. File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
				Photo Copy
		:		Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search
		'		Officer Search
				Fictitious Search
<u> </u>			]	Fictitious Owner Search
Signature				Vehicle Search
				Driving Record
Requested by:				UCC 1 or 3 File
				UCC 11 Search
Name	Date	Time		UCC 11 Retrieval
Walk-In	Will Pick Up			Courier

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

2022 APR -7 AM 7: 06

Palm Trail Luxu	ry Homes, LLC	PECRETARY OF STATE
(Name of the Limited Liability Comp (A Florida Limited	nny as it now appears on our rec- Liability Company)	orda) ALLIAMAN JEE, FL
The Articles of Organization for this Limited Liability Company	y were filed on June 2, 2020	and assigned
Florida document number L20000150346		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		<del></del>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:	address on our records, <u>en</u>	er the name of the new registered
Name of New Registered Agent:	<del></del>	····
New Registered Office Address:		
	Enter Florida street add	iress
	City	Florida Zip Code
	Cny	Lip 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 Changing Registered Agent, Signature of New Registered Agent

DocuSign Envelope ID: 2BB4E107-4E33-4945-9275-F0DF0C663443

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
AMBR Peter Harrigan	Peter Harrigan	466 NE 5th Avenue	
		Delray Beach, Florida 33483	■ Remove
			□Change
MGR Peter A. Harrigan	Peter A. Harrigan	466 NE 5th Avenue	<b>=</b> Add
		Delray Beach, Florida 33483	□Remove
			□Change
			□Add
			Remove
			Change
		<del> </del>	□ Add
			□Remove
			Change
			□Remove
			□Add
		<del></del>	□Remove
			El al

### Page 2 of 3

1 milendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
<u>Vote:</u> If t	date, if other than the date of filing:
e recor The 90	d specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o th day after the record is filed.
ated	4/6/2022
	DocuSigned by:
	Signature of a member or authorized representative of a filemost
	Peter A. Harrigan
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00