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TO:

Registration Section

Division of Corporations MAJESTIC PALM 513, LLC SUBJECT: Name of Limited Liability Company The enclosed Articles of Amendment and fee(s) are submitted for filling. Please return all correspondence concerning this matter to the following: Camelia Ostrowski Name of Person Albatros 71, inc Firm/Company 35 SLEEPY HOLLOW DR Address ASHVILLE, NC 28805 City/State and Zip Code info@albatros71.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Camelia Ostrowski 786-493-9919 Name of Person Daytime Telephone Number Enclosed is a check for the following amount: **■ \$**25.00 Filing Fee □ \$30,00 Filing Fee & ☐ \$55,00 Filing Fee & ☐ \$60.00 Filing Fee. Certificate of Status & Certificate of Status Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

MAJESTIC PALM 513, LLC

2022 HAY 27 PM 10: 03

(<u>Name of the Limi</u>	ted Liability Company as it now a (A Florida Limited Liability Comp	npears on our records.) kiny)	TALLAHASSEE, FI
The Articles of Organization for this Limited L	iability Company were filed o	on 07/27/2020	and assigned
Florida document number 1,20000214035			
This amendment is submitted to amend the following	owing:		
A. If amending name, enter the new name of	f the limited liability compa	ny here:	
The new name must be distinguishable and contain the v	vords "Limited Liability Company,"	`the designation "LLC" or t	the abbreviation "L.L.C."
Enter new principal offices address, if applic	cable:		
(Principal office address MUST BE A STREE	ET ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE	BOX)		
· · · · · · · · · · · · · · · · · · ·			
B. If amending the registered agent and/or agent and/or the new registered office addre		our records, enter the	name of the new registered
Name of New Registered Agent:			
New Registered Office Address:	1342 NW 84 AVE		
		r Florida strvet address	
	DORAL	, Florida	a <u>33126</u>
	Ciţy		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, 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
 			□ Add
			□Remove
			□Add
			□Remove
			□Change
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			Петюve
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			□Remove
			□Change
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			Remove
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L ALBATROS 71, INC		
ADDRESS: 35 SLEEPY HOI	LOW DR, ASHVILLE, NC 28805	
2. OSTROWSKI, CAMELIA		
ADDRESS: 35 SLEEPY HOL	LOW DR, ASHVILLE, NC 28805	
<u></u>		
		
Tective date, if other than the one of the date is listed, the date must te: If the date inserted in this blocument's effective date on the De	e specific and cannot be prior to date of ti k does not meet the applicable statut	(optional) iling or more than 90 days after filing.) Pursuant to 605.02 tory filing requirements, this date will not be listed
ecord specifies a delayed effective is filed.	date, but not an effective time, at 12;	01 a.m. on the earlier of: (b) The 90th day after th
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