

L20000242769

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

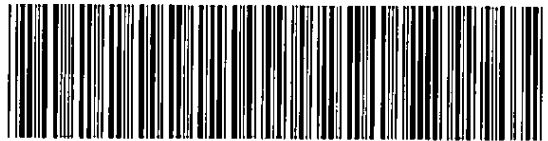
(Document Number)

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03/15/23--01027--023 **25.00

FILED
2023 MAY 19 PM 6:00
S. FRANKLIN

S. FRANKLIN
MAY 23 2023

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: North Palm Media LLC

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:

Michael St. Angelo

Name of Person

North Palm Media LLC

Firm/Company

6207 S West Shore Boulevard, Unit 6043

Address

Tampa, FL 33616

City/State and Zip Code

michael.stangelo13@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael St. Angelo

813 638-1106
at ()
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the 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 Address:

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

Street Address:

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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

North Palm Media LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 02/07/2020 8/11/2020 and assigned
Florida document number L20000242769

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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 address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

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 Changing Registered Agent, Signature of New Registered Agent

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

I would like to change my statement of purpose for ^{MY}~~my~~ LLC. Please get rid of my old statement of purpose

which was "photography, videography, media, etc".

Please change my statement of purpose to the following: "The purpose of this limited liability company is to
engage in any lawful activity for which limited liability companies may be organized in this state."


E. Effective date, if other than the date of filing: 03/10/23 **(optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record 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 record is filed.

Dated 03/10/23 MS



Signature of a member or authorized representative of a member

Michael St. Angelo

Typed or printed name of signee



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 4, 2023

MICHAEL ST ANGELO
6207 S WEST SHORE BLVD UNIT 6043
TAMPA, FL 33616 US

SUBJECT: NORTH PALM MEDIA LLC
Ref. Number: L20000242769

We have received your document for NORTH PALM MEDIA LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Sharon D Franklin
Regulatory Specialist II

Letter Number: 223A00010034

