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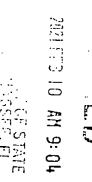
(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

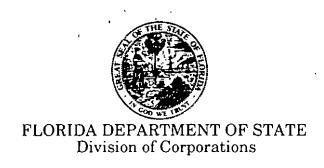


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December 14, 2020

TIMOTHY WATSON 3972 TITAN ST NORTH PORT, FL 34286

SUBJECT: PALMS GALORE & DECOR. LLC

Ref. Number: L20000265463

We have received your document for PALMS GALORE & DECOR. LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6050.

Letter Number: 220A00025260

Yasemin Y Sulker Regulatory Specialist III

www.sunbiz.org

COVER LETTER

TO:

	gistration Sec vision of Corp		·	
		e & Decor.LLC		2
SUBJECT:		Name of Limit	ed Liability Company	
The enclose	ed Articles of A	Name of Limited Liability Company cles of Amendment and fee(s) are submitted for filing. orrespondence concerning this matter to the following: Timothy Watson Name of Person Palms Galore & Decor.LLC: Firm/Company 3972 Titan St Address North Port F1 34286 City/State and Zip Code tropicalparadise1777@gmail.com E-mail address: (to be used for future annual report notification) mation concerning this matter, please call: Name of Person Area Code Daytime Telephone Number seek for the following amount: g Fee \$30.00 Filing Fee & \$555.00 Filing Fee & \$60.00 Filing Fee. Certificate of Status Certified Copy (additional cupy is enclosed) \$\frac{240dress:}{240dress:}\$ Registration Section Registration Section		
Please retur	n all correspo	ndence concerning this matter to	o the following:	
		Timothy Watson		
			Name of Person	
		Palms Galore & Decor.LLC		
			Firm/Company	
		3972 Titan St		
			Address	
		North Port Fl 34286		_
			City/State and Zip Code	
				orification)
For further	information c			
Terric Ada	ıms ,			
	Name o	f Person	Area Code Day	time Telephone Number
Enclosed is	s a check for the	he following amount:		
■ \$25.00	Filing Fee		Certified Copy	Certificate of Status & Certified Copy
	<u>lailing Addre</u>		· · · · · · · · · · · · · · · · · · ·	
Division of Corporations		Division of Corporations The Centre of Tallahassee		
	O. Box 632 allahassee,			nroe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Company as a now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 8-35-300 and assigned Florida document number 400000345463
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 "L.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 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

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
AMBR.	Jimatry P. Wotson	3912 Titan st	Add
11 110 2	-	Noeth Poet Fla 34286	Remove
			□Change
<u></u>	Derrie adams	4549 Kempson Lave	
		4549 Kempson Lave Post Charlotte Fla 33951	Remove
			□Change
			🗆 🗆 Add
			□Remove
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			□Remove

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Effective date, if other than the date of filing: Otto Ob Octomal) If an effective date is listed, the date must be specific and cannot be prior to thate of filing or more than 90 days after filing.) Pursuant to 605 Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be list document's effective date on the Department of State's records.	95.020 สอป ส
e 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 rd is filed.	er the
Dated DEC 23, 2020	
Dated Dec 23, 2020 Timuty F Wat Signature of a member or authorized representative of a member	
Timoti-14 P WATSON Typed or printed name of signee	

Filing Fee: \$25.00