

L20 000 26 7779

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

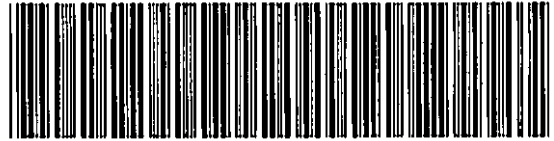
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/26/20--01038--033 **25.00

FILED
2021 OCT -1 AM 11:58
CLERK OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 5, 2020

SHELBY BENSON
5613 STRONG POINT
WEIRSDALE, FL 32195

SUBJECT: 7 PALMS PRODUCTIONS, LLC
Ref. Number: L20000267779

We have received your document for 7 PALMS PRODUCTIONS, 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):

Signature page was not included.

We are enclosing the proper form(s) with instructions for your convenience.

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.

Yasemin Y Sulker
Regulatory Specialist III

Letter Number: 020A00024342

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 7 Palms Productions, 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:

Shelby Benson
Name of Person

7 Palms Productions, LLC
Firm/Company

5613 Strong Point
Address

Weirsdale, FL 32195
City/State and Zip Code

7palmsproductions@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shelby Benson at (808) 754-5641
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

7 Palms Productions, 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 August 27, 2020 and assigned Florida document number L20000267779.

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)

5613 Strong Pt
Weirsdale, FL 32195

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

PO Box 1134
Lady Lake, FL 32158

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:

5613 Strong Pt
Enter Florida street address
Weirsdale Florida 32195
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

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>	<u>Type of Action</u>
AMBR	Shelby M Benson	5613 Strong Pt	<input type="checkbox"/> Add
		Weirsdale, FL 32195	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Colby S Benson	5613 Strong Pt	<input type="checkbox"/> Add
		Weirsdale, FL 32195	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Carthi D Benson	5613 Strong Pt	<input type="checkbox"/> Add
		Weirsdale, FL 32195	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Faith N Benson	5613 Strong Pt	<input type="checkbox"/> Add
		Weirsdale, FL 32195	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

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 January 12, 2021

Signature of a member or authorized representative of a

Signature of a member or authorized representative of a member

Shelby Benson
Typed or printed name

Typed or printed name of signee

Filing Fee: \$25.00