

L21000001807

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

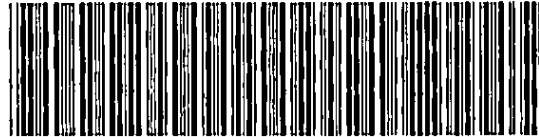
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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APR 01 2021

S. YOUNG

2021 FEB 11 PM 5:38

UP: ED

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: The Palm of Mett 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:

Simaporn Saccullo
Name of Person

The Palm of Metta LLC
Firm/Company

2967 Bee Ridge Rd. Suite 5
Address

Sarasota, FL 34239
City/State and Zip Code

thepalmoftetta@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Simaporn Saccullo at (941) 893-0628
Name of Person Area Code Daytime Telephone Number

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

The Palm of Metta LLC

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If Changing Registered Agent, Signature of New Registered Agent

For 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>
MGR	Simaporn Saccullo	2967 Bee Ridge Rd. STE. 5 Sarasota, FL 34239	☒ Add
			☐ Remove
			☐ Change
MGR	Simaporn Colburn	2967 Bee Ridge Rd. STE. 5 Sarasota, FL 34239	☐ Add
			☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

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

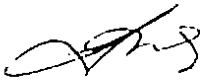
E. Effective date, if other than the date of filing: _____ (optional)

(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 2/5/21, _____



Signature of a member or authorized representative of a member

Simaporn Saccullo

Typed or printed name of signee