From, Sherrie Odi



2024-08-19 16:04 43 GMT

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SALVATORI LAW OFFICE, PLLC

Account Number : I20170000055 Phone : (239)308-9191 Fax Number : (239)552-4185

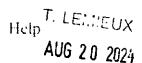
Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: LJS@SALVATORI.LEGAL

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PALM AIRE CONDO LLC

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From: Sherrie Od-

2024-08-19 16:04 43 GMT ogH24000277399.33b

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PALMI AIRE CONDO LLC		
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Dability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L21000129081	were filed on MARCH 18, 2021	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	ne 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 a	iddress on our records, enter the r	
agent and/or the new registered office address here:		AUG T
Name of New Registered Agent:		9 7
New Registered Office Address:	Enter Florido street address	* D
	, Florida	34
	City	7ip 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>	Name	Address	Type of Action
MGR JONATHAN SHECHTMAN	JONATHAN SHECHTMAN	520 MADISON AVE, 42ND FLOOR	□Add
		NEW YORK, NY 10022	
			□Change
			DRemove
			□Change
		□Remove	
		□ Change	
		[DAdd	
		□Remove	
			Change
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			□Remove
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Note:	ive date, if other than the date of filing:
he recor ord is fil	d 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 ed.
Dated	AUGUST 19 . 2024
	Signature of a thember or authorized representative of a tuember
	LEO L SALVATORI, AS AUTHORIZED REPRESENTATIVE
	Typed or printed name of signce

Filing Fee: \$25.00