

L21000133926

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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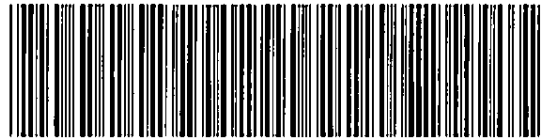
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FL

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COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: PALM AIRE SIGNATURE REALTY, 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:

Kristen King Jaiven

Name of Person

Kristen King Jaiven, Lawyer, PLLC

Firm/Company

418 SW 11th Street

Address

Fort Lauderdale FL 33315

City/State and Zip Code

kristen@kkjlawyer.com

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

For further information concerning this matter, please call:

Kristen King Jaiven

407

590-9686

at ()

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

SECRETARY OF STATE
TALLAHASSEE, FL

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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>
MGR	Ben Schachter	9080 Kimberly Boulevard	<input type="checkbox"/> Add
		Suite 12	<input type="checkbox"/> Remove
		Boca Raton, FL 33434	<input checked="" type="checkbox"/> Change
MGR	Jack Jaiven	9080 Kimberly Boulevard	<input type="checkbox"/> Add
		Suite 12	<input type="checkbox"/> Remove
		Boca Raton, FL 33434	<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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TALLAHASSEE, FL

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

2023 DEC 27
SEP 2023
TALLAHASSEE

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 609.0207 (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 September 27, 2023

Kugan

Signature of a member or authorized representative of a member

Kristen King Jaiven

Typed or printed name of signee

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SOUTH DIXIE CE STATE
TALLAHASSEE, FL
(g.) Pursuant to

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