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(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:		
(Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	(Request	tor's Name)
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:	(Address	s)
(City/State/Zip/Phone #)  PICK-UP WAIT MAIL  (Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:		
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(Business Entity Name)  (Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer:		
(Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer;	PICK-UP	WAIT MAIL
(Document Number)  Certified Copies Certificates of Status  Special Instructions to Filing Officer;		
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21 JUN 10 PH 12: 16

## **COVER LETTER**

Registration Section
Division of Corporations

Tallahassee, FL 32314

TO:

Miami Pali			
SUBJECT:	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Gary I, Handin, Esq.		
		Name of Person	
	Gary I. Handin, P.A.		
		Firm/Company	
	3111 University Drive- Su	ite 605	
		Address	<del></del> _
	Coral Springs, Florida 330	65	
	·	City/State and Zip Code	
	williamfam@hotmail.com		
	E-mail address: (	to be used for future annual report noti	fication)
For further information of	oncerning this matter, please ca	all:	
Gary I. Handin		954 796-9600 at ()	
Name o	f Person	Area Code Daytim	re Telephone Number
Enclosed is a check for the	he following amount:		
□ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Addres		<u>Street Address:</u> Registration Se	ction
Division of Corporations		Division of Cor	
P.O. Box 6327		The Centre of T	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MIAMI PALMS, LLC.

company has been notified in writing of this change.

21 JUN 10 PH 12: 16

(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 APRIL 29, 2021	and assigned
Florida document number 1.21000200189		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	lity company here:	
The new name must be distinguishable and contain the words "Limited Liabili	ty 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:		<del></del>
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, <u>enter t</u>	the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Flo	rida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as p	performance of my duties, an	d I am familiar with and

being filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability

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 = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address UN 10 PH 12: 16	Type of Action
MGR/AN	WILLIAM FAM	484 TILFORD V, DEERFIELD BEACH, FL.33442	<b>≣</b> Add
			□Remove
			Change
MGR	RABEA, ALMALLAK	10690 ANDERSON LANE, 211, DEERFIELD BEA	Cl □Add
			<b>≡</b> Remove
			□Change
MGR/AN	ALMALLAK, RABEA	106 ANDERSON LANE, 211, DEERFIELD BEACH	-{.] □Add
			□Remove
			\( \exists Change
			□Add
			□Remove
			Change
<del></del>			□Add
			□Remove
			□ Change
			□Add
			□Remove

\_\_ Change

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<u></u>	
ffective date, if other than the date of fan effective date is listed, the date must be specificate: If the date inserted in this block does a locument's effective date on the Department	filing:
record specifies a delayed effective date, bu d is filed.	it not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
June 9 Pated	2021
, 000	
Signature	of a member or authorized representative of a member
William Fam	