

L21 000 338 626

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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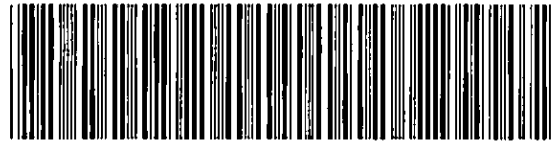
(Business Entity Name)

(Document Number)

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2023 AUG 10 AM 10:33
FILED
CLERK

cf 8/26/23

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 5135 PALM DRIVE 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:

Sonia Becerra
Name of Person
Swyft Filings
Firm/Company
3 Greenway Plaza #1320
Address
Houston, TX 77046
City/State and Zip Code
supermmuts@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sonia Becerra at (877) 777-0450
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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

2023 AUG 10 AM 10:33

5135 PALM DRIVE 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 07/26/2021 and assigned
Florida document number L21000338626.

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**)

5920 Highway A1A
Melbourne Beach, FL 32951

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

5920 Highway A1A
Melbourne Beach FL 32951

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:

Alex Moskowitz

New Registered Office Address:

5920 Highway A1A

Enter Florida street address

Melbourne Beach

Florida

32951

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.

X

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	MARILYN MOSKOWITZ	5135 PALM DRIVE	<input type="checkbox"/> Add
		MELBOURNE BEACH, FL 32951	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	ALEX MOSKOWITZ	5135 PALM DRIVE	<input type="checkbox"/> Add
		MELBOURNE BEACH, FL 32951	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	MELANIE MOSKOWITZ	5135 PALM DRIVE	<input type="checkbox"/> Add
		MELBOURNE BEACH, FL 32951	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DARA MOSKOWITZ-GRUMDAL	5135 PALM DRIVE	<input type="checkbox"/> Add
		MELBOURNE BEACH, FL 32951	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	NICOLE MOSKOWITZ	5135 PALM DRIVE	<input type="checkbox"/> Add
		MELBOURNE BEACH, FL 32951	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Marilyn Moskowitz	251-27 Gaskell Rd.	<input checked="" type="checkbox"/> Add
		Little Neck, NY 11362	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

Add: AMBR: Nicole Moskowitz- 251-27 Gaskell Rd. Little Neck, NY 11362

Add: AMBR: Alex Moskowitz 5920 Highway A1A Melbourne Beach, FL 32951

Add: AMBR: Melanie Moskowitz 5920 Highway A1A Melbourne Beach, FL 32951

Add: AMBR: Dara Moskowitz-Grumdal 216 West 27th St. Minneapolis, MN 55408

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 7-31 2023

X

Signature of a member or authorized representative of a member

Alex Moskowitz

Typed or printed name of signer

Filing Fee: \$25.00