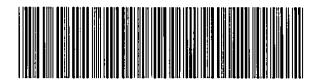
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(Req	uestor's Name)	
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(City	/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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(Doc	ument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	





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CORPORATE ACCESS, ____

When you need ACCESS to the world

INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

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XX	FILING	LLC	AMEND		
	TRUMP PALACE UNI		.C		
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COVER LETTER

Registration Section Division of Corporations

TO:

Trump Pal SUBJECT:	ace Unit 504, LLC		
SUBJECT:	Name of Lin	ited Liability Company	
	f Amendment and fee(s) are sub	_	
Please return all corresp	ondence concerning this matter	to the following:	
	Jeffrey Keller		
		Name of Person	
		Firm/Company	
	30 Gedney Way		
		Address	
	Chappaqua, NY 10514		
		City/State and Zip Code	
	jkeller@caremount.com	to be used for future annual report notification)	
For further information	concerning this matter, please c	·	
Andrew I. Panken, Esq.		914 428-8800 at ()	
Name of Person		Area Code Daytime Telephone Number	
Enclosed is a check for t	the following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & ☐ \$60.00 Filing Certified Copy Certificate Copy tadditional copy is enclosed) Certified Copy (additional copy)	of Status & opy
Mailing Addre Registration Division of O P.O. Box 63: Tallahassec.	Section Corporations 27	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	

Tallahassee, FL 32303

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION

_	O DRGANIZATION			
Trump Palace Unit 504, LLC				
(Name of the Limited Liability Compa (A Florida Limited)	ny as it now appears on our records.)			
The Articles of Organization for this Limited Liability Company Florida document number 1.21000343931	were filed on July 29, 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 Liabi				
	30 Gedney Way			
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	Chappaqua, NY 10514			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	30 Gedney Way Chappaqua, NY 10514			
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the name of the new registered			
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida street address			
	, Florida			
	Cin: Zip Code			
New Registered Agent's Signature, if changing Registered Agent: I hereby accept the appointment as registered agent and agricultures of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pheing filed to merely reflect a change in the registered office company has been notified in writing of this change.	ee to act in this capacity. I further agree to comply with the performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is			

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>	Address	Type of Action
MGR	Jeffrey Keller	30 Gedney Way, Chappaqua, NY 10514	
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			Change
			□Add
			□Remove
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ffective date an effective da ote: If the d	e, if other than the date is listed, the date must be ate inserted in this block fective date on the Depart	does not meet the a	pplicable statutory	or more than 90 days a filing requirements,	otional) fler filing.) Pursuant to 60 this date will not be lis	05,020 sted a
ocument's ef		ite, hut not an effect	ive time, at 12:01 a	.m. on the earlier of:	(b) The 90th day aff	ter the
ocument's ef record specif	ies a delayed effective da					
record specif		2021				
ocument's ef	ber 22 Alell		authorized represent	ative of a member		

Filing Fee: \$25.00