## WZ1000506746

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## **COVER LETTER**

TO:

Registration Section Division of Corporations

Helen Palmer Realty LLC SUBJECT: \_ 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: Helen Palmer Name of Person Helen Palmer Realty LLC Firm/Company 7617 Shindler Dr. Address Jacksonville, Florida 32222 City/State and Zip Code heleng.palmer@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Helen Palmer Daytime Telephone Number Name of Person Enclosed is a check for the following amount: ■ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & □ \$55,00 Filing Fee & ☐ \$60,00 Filing Fee. Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Helen Paimer Realty LLC		2022 :
(Name of the Limited Liabi (A Flori	ility Company as it now appears on our red da Limited Liability Company)	FILI 2022 SEP 22 ALLAHA SSE
The Articles of Organization for this Limited Liability Florida document number <u>L21000506746</u>	Company were filed on 11/30/2021	P 22 W 9: 4 ASSECUTIONID
This amendment is submitted to amend the following:		7
A. If amending name, enter the new name of the lin	nited liability company here:	
Helen Palmer LLC		
The new name must be distinguishable and contain the words "Li	mited 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 ADD	ORESS)	
Enter new mailing address, if applicable:	<del></del>	
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register agent and/or the new registered office address here:		iter the name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street aa	hras.
	City	. <b>Florida</b> 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.

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□Add
			□Remove
		□ Change	
		<u></u>	□Add
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ective date, if other than the date of filing:	ing.) Pursuant to 605.02
cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) is filed.	The 90th day after t
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	. Ari
d de /uly 13 x 2022	
ed the July 13th. 2022	ASS P 2
Allen Palmer	ALLAHASSEE.
Signature of a member or authorized representative of a member	SEP 22 AM 9: 41 AHASSEE FLORID