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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	-
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2022 FEB 17 AM 6: 27
SECRETARY OF STATE

A. BUTLER MAR 3 - 2022

COVER LETTER

	tion Section of Corporations	
SUBJECT:	Palm Lourt Grave	dens LLC.
20R1FC1:	Name of L	imited Liability Company
The enclosed Artic	cles of Amendment and fee(s) are so	ubmitted for filing.
Please return all co	orrespondence concerning this matt	er to the following:
		Novonte 40 person
	<u> </u>	Firm/Company
	ile L	liany Court
		Braklyn NY 112-25
	Name of Limited Liability Company osed Articles of Amendment and fee(s) are submitted for filing. Show He Hard Name of Person Show He Hard Sarden f L. C.	
For further informa	ation concerning this matter, please	call:
}	Name of Person	at ()
Enclosed is a checi	k for the following amount:	
\$25.00 Filing	_	Certified Copy Certificate of Status &
<u>Mailing A</u> Registra	Address: ation Section	Street Address: Registration Section
_	n of Corporations	Division of Corporations
P.O. Bo	-	The Centre of Tallahassee
Tallahas	ssee, FL 32314	2415 N. Monroe Street, Suite 810

Tallahassee. FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

Palm	Court 0	nardens	12022 FEB 17	AM 6: 27
(Name of the Limited	Liability Company Florida Limited Liab	as it now appears obility Company)	SECRETARY	OF STATE
		ere filed on <u>De</u>	ceruber 08 22	and assigned
Florida document number <u>L 21000 5189</u>	. <u>'</u>			
This amendment is submitted to amend the follow	ing:			
A. If amending name, enter the new name of the	<u>ie limited liabilit</u>	y company here	:	
The new name must be distinguishable and contain the word	Is "Limited Liability	Company," the desi	gnation "LLC" or the al	bbreviation "L.L.C."
Enter new principal offices address, if applicab	le:			<u> </u>
(Principal office address MUST BE A STREET)	ADDRESS)			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	- <u>)X)</u> _			
B. If amending the registered agent and/or reging agent and/or the new registered office address because in the new registered of the new registered of the new registered agent and/or the new registered office address because in the new registered of the new registered agent and the new registered agent agent and the new registered agent age		ability Company as it now appears on our records. SECRETARY OF STATE TALL TO STATE TALL TO STATE TALL TO STATE and assigned g: limited liability company here: "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." "DDRESS) ered office address on our records, enter the name of the new registered		
Name of New Registered Agent:	Shoron	He 41.	ope	<u> </u>
New Registered Office Address:	1545	5 W 844	· Street	
		Enter Florida	i street address	206
	<u> </u>	<u>Libon villi.</u> Cip	, Florida	ろりつつ 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 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
			□Add
			□Remove
			☐ Change
			□Add
			□Remove
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an effective da ote: If the d		nust be specific and block does not m	cannot be prior t neet the applica			nal) iling.) Pursuant to 605 date will not be liste	
record specif is filed.	es a delayed effect	tive date, but not a	an effective tin	ne, at 12:01 a.m. oi	n the earlier of: (b)	The 90th day after	r the
	Februar	y 14 .	2022	_·			
ated	``	4					
rated		Office					
ated		Signature of a m	nember or author	rized representative of	f a member		



RECEIVED

2022 FEB 17 AM 8: 09

FLORIDA DEPARTMENT OF STASECRE Division of Corporations

January 28, 2022

SHOVONTE HOPE 16 MIAMI COURT BROOKLYN, NY 11225

SUBJECT: PALM COURT GARDENS LLC

Ref. Number: L21000518826

We have received your document for PALM COURT GARDENS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 622A00002309

Anissa Butler Regulatory Specialist II

www.sunbiz.org