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TO: Registration Section Division of Corporations 77088 PALMS WAY 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: Daniel R. Bernard Name of Person Twomey, Latham, Shea, Kelley, Dubin & Quartararo LLP Firm/Company P.O. Box 9398 Address Riverhead, New York 11901 City/State and Zip Code dbernard@suffolklaw.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Daniel Bernard Daytime Telephone Number Name of Person Enclosed is a check for the following amount:

Mailing Address:

■ \$25.00 Filing Fee

Registration Section
Division of Corporations
P.O. Box 6327

☐ \$30.00 Filing Fee &

Certificate of Status

Tallahassee, FL 32314

Street Address:

□ \$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

☐ \$60.00 Filing Fee.

Certificate of Status & Certified Copy

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

77088 PALMS WAY LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited l	ny as it now appears on our records.) Liability Company)	<u>.</u>
The Articles of Organization for this Limited Liability Company	were filed on January 15, 2022	and assigned
lorida document numberL22000034471		
his amendment is submitted to amend the following:		
. If amending name, enter the new name of the limited liab	ility company here:	
2088 Palms Way LLC		
he new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "LLC" or the a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRESS)		-
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX		
3. If amending the registered agent and/or registered office:	address on our rosards, enter the na	me of the new req
gent and/or the new registered office address here:	address on our records, enter the nar	- C
Name of New Registered Agent:		<u> </u>
New Registered Office Address:		-
New Registered Office Address.	Enter Florida street address	
	, Florida _	
	City	Zin 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

Title	Name	Address	Type of Action
			□Add
			□Remove
			☐ Change
			□Remove
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Filing Fee: \$25.00