# L2200003949

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(City/State/Zip/Phone #)
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(Business Entity Name)
(Business Entry Name)
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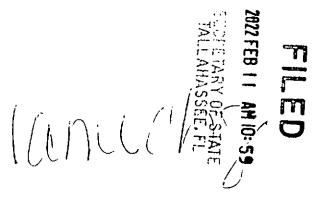
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# CORPORATE ACCESS, \_

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INC.

236 East 6th Avenue. Tallahassee, Florida 32303

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		CERTIFIED COPY				
	XX	РНОТОСОРУ				<del></del>
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	xx	FILING	LLC A	AMENDMENT		
1.		OLD PALM, LLC				
		(CORPORATE NAME AND DOCUM	MENT #)			
2.		(CORPORATE NAME AND DOCUM	MENT #)			<u> </u>
3.		(CORPORATE NAME AND DOCUM	MENT #)			
4.		(CORPORATE NAME AND DOCUM	MENT #)			
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## **COVER LETTER**

TO: Registration S Division of Co			
Old Palm,			
SUBJECT:	Name of Lin	ited Liability Company	-
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Shannon Zarek		
		Name of Person	
	Stinson LLP		
		Firm/Company	
	7700 Forsyth Blvd., Ste. 1	100	
		Address	<del></del>
Saint Louis, MO 63105			
	shannon.zarek@stinson.cor	City/State and Zip Code n	
	E-mail address: (	to be used for future annual report notif	ication)
For further information	concerning this matter, please c	all:	
Shannon Zarek		314 259-4561	
Name (	ni Person	Area Code Daytime	Telephone Number
Enclosed is a check for t	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 tadditional copy is enclosed)
Mailing Addre Registration Division of C P.O. Box 632 Tallahassee,	Section Torporations 27	Street Address: Registration Sec Division of Corp The Centre of Ta 2415 N. Monroe Tallahassee, FL	oorations allahassee Street, Suite 810

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Old Palm, 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  $\frac{01/20/2022}{1}$ \_\_\_\_\_ and assigned Florida document number 1.22000039488 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Lupient Old Palm, LLC The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." 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) 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: New Registered Office Address: Enter Florida street address

#### 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

\_\_. Florida \_\_\_

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>	Name	Address	Type of Action
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			□Remove
			□Change
			□Add
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n effective date is listed, the date must te: If the date inserted in this blo	be specific and can	not be prior to date of	of filing or more that	n 90 days after fili	ng.) Pursuant to 605.02
cument's effective date on the De			mory marg requ	inements, this to	ate will not be usted
	date, but not an	effective time, at	12:01 a.m. on the	e earlier of: (b)	The 90th day after the
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is filed.		2022			
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