

L22000130411

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

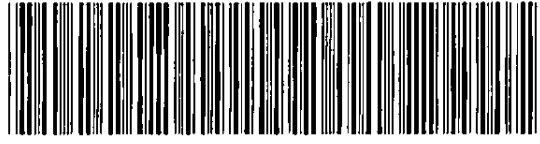
(Business Entity Name)

(Document Number)

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2024 SEP -3 PM 2:08
STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Palm Construction Products, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fec(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:

Jason Niewinski
Name of Person
Palm Construction Products, LLC
Firm/Company
17625 Woodcrest Way
Address
Clermont, FL 34714
City/State and Zip Code
crystal@cashwellaccounting.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jason Niewinski at (217) 306-6666
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- Checked: \$25.00 Filing Fee
Unchecked: \$30.00 Filing Fee & Certificate of Status
Unchecked: \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
Unchecked: \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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

2024 SEP -3 PM 2:08
STATE OF FLORIDA
TALLAHASSEE, FL

FILED

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Palm Construction Products, L.L.C.

(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 04/13/2024 and assigned Florida document number L22000130411.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

17625 Woodcrest Way

(Principal office address MUST BE A STREET ADDRESS)

Clermont, FL 34714

Enter new mailing address, if applicable:

17625 Woodcrest Way

(Mailing address MAY BE A POST OFFICE BOX)

Clermont, FL 34714

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:

Cashwell Accounting Inc

New Registered Office Address:

953 10th Street

Enter Florida street address

Clermont

City

Florida

34711

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.

Crystal Cashwell

If Changing Registered Agent, Signature of New Registered Agent

STATE OF FLORIDA
SECRETARY OF STATE
2024 APR 13 PM 2:00
110

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>	<u>Address</u>	<u>Type of Action</u>
AMBR	Rhett Niewinski	2429 Rivera Lane	<input type="checkbox"/> Add
		Minneola, FL 34715	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

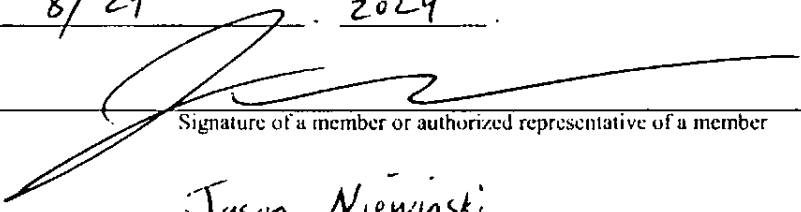
2011 SEP 3 PM 2:08
 STATE
 SECRETARY
 TALLAHASSEE, FL

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: 06/01/2024 **(optional)**
(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated 8/29 2024


Signature of a member or authorized representative of a member

Jason Nowinski
Typed or printed name of signee

REC'D
SEP 3 2024
12:08 PM
STATE OF FLORIDA
DEPARTMENT OF STATE