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DEC 50 5055

09/29/22--01008--024 **25.00

COVER LETTER

TO: Registration Division of C	i Section Corporations		
	-121 Pale	netto LLC	
SUBJECT:	Name of Limite	d Liability Company	
The enclosed Articles	s of Amendment and fee(s) are subm	itted for filing.	
Please return all corre	espondence concerning this matter to	the following:	
	Mauric	e MCCornicic K	
		Palme Ho LC	
	6550 Missacl	t itti Compony	
	Lake Worth	Address T 33462 City/State and Zip Code	
	Wyrealt	orpaula a la ichud.	Com
For further informati	E-mail address: (to	o be used for future annual report notific 	activity
- :		at (56) 757-	c 290
Panla Mc	ime of Person	Area Code Daytime	Telephone Number
Enclosed is a check	for the following amount:		
ত \$25.00 Filing Fo	ee S30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee. Certificate of Status & Certified Copy radditional copy is enclosed)
<u>Mailing A</u> Registrat	ddress: ion Section	<u>Street Address:</u> Registration Sec Division of Cort	

Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

721 Palmet	HO LLC		
(<u>Name of the Limited Liability C</u> (A Florida Lir	Company as it now appears (mited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liability Com Florida document number <u>L 22000147766</u> .	pany were filed on	125/2022	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited	l liability company here	2:	
The new name must be distinguishable and contain the words "Limited	Liability Company," the desi	gnation "LLC" or the abbrev	ziation "L.L.C."
Enter new principal offices address, if applicable:			12 DIV
(Principal office address MUST BE A STREET ADDRES	<u></u>		SEP Stop
Enter new mailing address, if applicable:			29 PH 10: 2
(Mailing address MAY BE A POST OFFICE BOX)		··	<u>6</u> 5
B. If amending the registered agent and/or registered of agent and/or the new registered office address here:	Tice address on our rec	ords, <u>enter the name o</u>	f the new registere
Name of New Registered Agent:			
New Registered Office Address:	Enton Monich	ı street address	
	v.mer v tortac		
	City	, Florida	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, 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
MAR	Ly-Paula Mccamack	Lisso Hassachuse Hs Dr Lake Worth, FL 33462	\overline{\square}\dd
			□Remove
			□Change
		•	Add JAVIS SELVE I
			ERCHÄNGE HALL
			⊡Remove
			□Change
			□Add
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i effective	date is listed, the date date inserted in this	must be specific a	nd cannot be	prior to da		more than 9	0 days after fi	ling.) Pursuan	
	effective date on the				,				
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cord spec s filed.	ifies a delayed effe	ctive date, but n	ot an effect	ive time, a	ıt 12:01 a.n	n. on the ea	rlier of: (b)	The 90th d	ay after t
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