## L22000180390

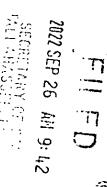
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
J. HORNE
SEP 2 6 2022

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P.O. Box 6327

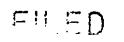
Tallahassee, FL 32314

Division of Corporation	<b>S</b>				
SUBJECT: Palma	ind Cactu	o Real E	state I	nutstments	22
The enclosed Articles of Amendm	ent and fee(s) are subn	nitted for filing.			
Please return all correspondence co	oncerning this matter to	the following:			
	Jason	Name of Person	<u> </u>	. <del></del>	
	: 	Firm/Company	,		
_1.0	OMES	Brd Ave,	Suite	6.05	
		City/State and Zip Code			
For further information concerning	g this matter, please ca	11:			
Juson 6 M	2h	at (2111) Area Code	335-6 Daytime Telep	8 75 phone Number	
Enclosed is a check for the follow	ing amount:				
_	0.00 Filing Fee & Tertificate of Status	S55.00 Filing Fee Certified Copy (additional copy is e		S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclos	
Mailing Address: Registration Section Division of Corporat	ions	Regist	Address: tration Section on of Corporat	tions	

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

ARTICLES OF AMENDMENT TO

## ARTICLES OF ORGANIZATION **OF**



2022 SEP 26 AM 9: 42

PALM AND CACTUS REAL		
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears on c Liability Company)	gr recordificate DART OF 5.77 TALLAHASSEE, FLEE
The Articles of Organization for this Limited Liability Company	y were filed on <u>05/02/20</u>	and assigned
Florida document number L22000180390		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designa	tion "L.L.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	100 NE 3rd Ave.,	Suite 605, Fort Lauderdale, Florida 33301
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	100 NE 3rd Ave.,	Suite 605, Fort Lauderdale, Florida 33301
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office agent and/or the new registered office address here:  Name of New Registered Agent:	address on our record	is, enter the name of the new registered
-		
New Registered Office Address:	Enter Florida sti	reet address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered Agent	<u>t</u>	

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

เกษากระตูก (เม. พ.ม.งของเมษา (องม.-เมม.) (-พ.ภ.ม-140,000,00.ภ.ม.ศ.)

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
MGRM	SCOTTSDALE PALM LLC	1776 N SCOTTSDALE RD	□Add
		FORT LAUDERDALE, FL 33301	≣Remove
MGRM	Jason Green	1209 E. Las Olas Blvd.	
		Fort Lauderdale, FL 33301	□ Remove
			Change
			□ Add
			□Remove
			□ Change
			□Add
			□Remove
			Remove
			Change
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lfan effect <u>Note:</u> If	e date, if other than tive date is listed, the date the date inserted in that's effective date on the	must be specific ar is block does not	nd cannot be prior meet the application	to date of filing or mo able statutory filing	c than 90 days after f requirements, this	nal) iling.) Pursuant to 605.0207 date will not be listed as
e record s rd is filed		ective date, but no	ot an effective ti	me, at 12:01 a.m. o	n the earlier of: (b)	The 90th day after the
Dated	Ausist 4th	Ta-	. 2000	<u> </u>		
-		111				

Filing Fee: \$25.00

Typed or printed name of signee