

122000347488

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

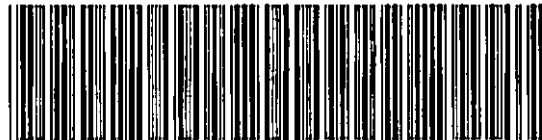
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2022 AUG 18 AM 8:43

J DENNIS  
NOV 04 2022

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Palm City Lacrosse, LLC  
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:

Felicia Noland  
Name of Person

Firm/Company

6300 Cougar Run, Suite 302  
Address

Fort + Myers, FL 33908  
City/State and Zip Code

PalmCityLacrosse@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Felicia Noland at (954) 614-4182  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for 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 (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

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

Palm City Lacrosse, 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 8/8/2022 and assigned Florida document number L22000347488.

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:**

**(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*

*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 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	John A. Noland	6300 Cougar Run, Apt. 302	<input checked="" type="checkbox"/> Add
		Fort + Myers, FL 33908	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Ty Roland	17250 Hidden Estates Circle	<input checked="" type="checkbox"/> Add
		Fort + Myers, FL 33908	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Brian Ray	3345 Grant Cove Circle	<input checked="" type="checkbox"/> Add
		Apt. 206	
		Cape Coral, FL 33991	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Taylor Lanning	2391 Heydon Circle E.	<input checked="" type="checkbox"/> Add
		Naples, FL 34120	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

(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)

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 August 16. 2022

Felicia Noland

Signature of a member or authorized representative of a member

Felicia Noland

Typed or printed name of signee