

(Re	questor's Name)	
(Ad	dress)	
(Ada	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	





01/10/24--01038--007 **25.00



COVER LETTER

Division of Co			
	Lacrosse, LLC		
SUBJECT:	Name of Lin	rited Liability Company	
779		on the different feet of the control	
	Amendment and fee(s) are sub	-	
Please return all correspo	ondence concerning this matter	to the following:	
	Brian Arpaia		
		Name of Person	
	Palm City Lacrosse, LLC		
		Firm/Company	
	16205 S. Tamiami Trail, S	uite 2	
		Address	
	Fort Myers, FL 33908		
		City/State and Zip Code	
	Palmcitylacrosse@gmail.co		
For further information o	rmail address: (concerning this matter, please c	to be used for future annual report notif all:	fication)
Brian Arpaia		908 721-8890	
Name o	f Person	at () Area Code Daytime	e Telephone Number
Enclosed is a check for the	ne following amount:		
■ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	El \$60.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Mailing Addres</u> Registration S		<u>Street Address:</u> Registration Sec	ction
Division of C	Corporations	Division of Cor	porations
P.O. Box 632 Tallahassee, l		The Centre of T 2415 N. Monroe	allahassee e Street, Suite 810
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Tallahassee, FL 32303

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

A. If amending name, enter the new name				a
he new name must be distinguishable and contain the		y Company, the designation	I LEC. Of the apple vitting in	L.L.C.
inter new principal offices address, if app				
Principal office address MUST BE A STRE	EET ADDRESS)			
			 	
•				
iter new mailing address, if applicable:				
	<u>E BOX)</u>			
	<u>E BOX)</u>			
<u>alling address MAY BE A POST OFFIC</u>				
Initing address MAY BE A POST OFFICE	registered office ac	ldress on our records,	enter the name of the	new register
Initing address MAY BE A POST OFFICE	registered office ac	ldress on our records,	enter the name of the	new register
Initing address MAY BE A POST OFFICE	registered office ac ess here:	idress on our records,	enter the name of the	new register
In a second rest of the registered agent and/or	registered office ac	ldress on our records,	enter the name of the	new register
Individual of New Registered Agent:	registered office ac ess here:		enter the name of the	new register
Initing address MAY BE A POST OFFICE If amending the registered agent and/orent and/or the new registered office address.	registered office ac ess here: Brian Arpaia			new register
	registered office ac ess here: Brian Arpaia	cle E		new register

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>	Address	Type of Action
AMBR	Felicia Noland	6300 Cougar Run, C302, Ft. Myers, FL, 33908	🗀 Add
		16205 S. Tamiami Trail, Suite 2, Fort Myers, FL 3390	08 ≘ Remove
		····	ClChange
AMBR	John A. Noland, Jr.	6300 Cougar Run, Apt. #302. Fort Myers, FL 33908	□ Add
			= Remove
			_ [] Change
			_ □Add
			_ Remove \
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Effective date, if other than the date (If an effective date is listed, the date must be s	e of filing:	(option	ial)
(If an effective date is listed, the date must be s Note: If the date inserted in this block of document's effective date on the Depart e record specifies a delayed effective dat rd is filed.	does not meet the applicable star tment of State's records.	utory filing requirements, this	Tate will not be listed as a
rd is filed.			
October 1,2075			
Dated	· · · · · · · · · · · · · · · · · · ·		
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	of a member or authorized re	presentative of a member	
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Bit · ·	yped or printed name	of signee	
Eii' · · ·	typed or printed name	of signee	

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