10/22/24, 3:32 PM

Division of Corporations

# Florida Department of State Division of Corporations Rectromic Filing Cover Sheet

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Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : TAX ZONE INC.
Account Number : I20190000044
Phone : (407)888-3131
Fax Number : (888)453-0509

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: Accountant a taxzonell can

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PALMETTO 2309 LLC

| Certificate of Status | 0       |
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TO:

Registration Section

Tallahassee, FL 32314

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

#### **COVER LETTER**

| Div  | ision of Cor   | porations  |   |  |
|--|----------------|--|---|--|
|  |                | O 2309 LLC   |   |  |
| SUBJECT:   |                | Name of Lim  | ited Liability Company  |  |
| PALMETTO 2309 LLC  SUBJECT:  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:  VALCARCEL, PAOLA  Name of Person  Firm/Company  2309 S. PALMETTO AVE  Address  S Daytona, FL,32119  City/State and Zip Code  ACCOUNTANT@TAXZONEFL.COM  E-mail address: (to be used for future annual report notification)  For firther information concerning this matter, please call:  PAOLA VAI.CARCEL  Name of Person  Area Code  Daytime Telephone Number  Enclosed is a check for the following amount:  S25.00 Filing Fee  Certificate of Status  Certificate of Status Certificate copy is enclosed)  Certificate of Status & Certificate Copy  Certificate Copy |                |  |   |  |
|  |                |  |   |  |
| Please return  | all correspo   | ndence concerning this matter  | to the following:   |  |
|  |                | VALCARCEL, PAOLA   |   |  |
|  |                | Name of Limited Liability Company  cs of Amendment and fee(s) are submitted for filing.  rrespondence concerning this matter to the following:  VALCARCEL, PAOLA    Name of Person |   |  |
|  |                |  |   |  |
|  |                |  | Firm/Company  |  |
|  |                | 2309 S. PALMETTO AVE   | ;   |  |
| Address  |                |  |   |  |
|  |                | S Daytona, FL,32119  |   |  |
|  |                |  | -   |  |
|  |                | <del>-</del>   | matter to the following:  DLA  Name of Person  Firm/Company  O AVE  Address  19  City/State and Zip Code  AXZONEFL.COM  dress: (to be used for future annual report notification)  lease call:  407  S88-3131  at ( |  |
| For further is   | nformation c   |  |   | ,                                      |
| PAOLA VA   | I.CARCEL       |  |   |  |
|  | Name o         | f Person   | Area Code Daytin  | ne Telephone Number                    |
| Enclosed is a  | a check for th | e following amount:  |   |  |
|  |                | S30.00 Filing Fee &  | Certified Copy  | Certificate of Status & Certified Copy |
|  |                |  |   | ection                                 |
|  |                |  | Division of Co  | rporations                             |
|  | D. Box 632     |  | The Centre of   | Tallahassee                            |

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| PALMETTO 2309 LLC   |   |   |                          |  |  |
|---|---|---|--------------------------|--|--|
| (Name of the Limi   | ted Liability Compa<br>(A Florida Limited I | ny as It now appears on our records.)<br>Liability Company) |                          |  |  |
| The Articles of Organization for this Limited L. Florida document number L23000034698   | iability Company                            | were filed on 01/18/2023                                    | and assigned             |  |  |
| This amendment is submitted to amend the following  | lowing:                                     |   |                          |  |  |
| A. If amending name, enter the new name of  | f the limited liab                          | ility company here:   |                          |  |  |
| The new name must be distinguishable and contain the  | words "Limited Liabil                       | lity Company," the designation "LLC" or the                 | ne 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) |   | 2309 S. PALMETTO AVE  |                          |  |  |
|   |   | S. DAYTONA, FL 32119  |                          |  |  |
|   |   | 2309 S. PALMETTO AVE  |                          |  |  |
|   |   | S. DAYTONA, FL 32119  |                          |  |  |
| B. If amending the registered agent and/or agent and/or the new registered office addre   |   | address on our records, enter the                           | name of the new register |  |  |
| Name of New Registered Agent:   |   |   | ~ ~                      |  |  |
| New Registered Office Address:  | 2309 S. PALM                                |   | <b>1</b> 23              |  |  |
|   | <del></del> -                               | Enter Florida street address                                | <u> </u>                 |  |  |
|   | S. DAYTONA                                  | , Florida   | 32119                    |  |  |
|   |   | City  | Zip C <u>od</u> e        |  |  |

#### 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 |
|--------------|-----------------|----------------------|----------------|
| AMBR         | PAOLA VALCARCEL | 2309 S. PALMETTO AVE |                |
|              |                 | S. DAYTONA, FL 32119 | □Remove        |
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| Note: If the               | date, if other than<br>we date is listed, the dat<br>the date inserted in the<br>s effective date on t | his block does no   | t meet the appli                      | cable statutory fi | more than 90 days after ing requirements, the | ional)<br>er filing.) Pursuant to 605<br>is date will not be list | 6.0207 ed as t |
| e record sp<br>d is filed. |  | fective date, but n | ot an effective                       | time, at 12:01 a.r | 1. on the earlier of: (                       | b) The 90th day afte  | r the          |
| Dated(                     | Octobe   | r 22                | <u>, 268</u>                          | 4.                 |   |   |                |
|                            |  | نے                  | 7                                     |                    |   |   |                |
|                            |  |                     | a member or aus                       |                    |   | <del>-</del>  |                |