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COVER LETTER

TO: Registration Section

Division (of Corporations		
	Palm, LLC		
SUBJECT:	Name of	Limited Liability Company	
The enclosed Artic	les of Amendment and fee(s) are	submitted for filing.	
Please return all co	rrespondence concerning this ma	etter to the following:	
	Natalie Fisher		
		Name of Person	
	Siesta Palm, LLC		
		Firm/Сотралу	
	4026 Barry Way		DECEIVE,
		Address	MAR N 6 2023
	Sarasota, FL 34232		
		City/State and Zip Code	1) I bearing a second and a second as a se
	natalie@siestapalm.com		D)
	E-mail addre	ss: (to be used for future annual report notifica-	ation)
For further informa	tion concerning this matter, plea	se call:	<u>, ਜ਼</u>
Natalie Fisher		443 262-1155	L 13
	lame of Person	at () Area Code Duytime T	elephone Number
Enclosed is a check	for the following amount:		
■ \$25.00 Filing I	Fee S30.00 Filing Fee & Certificate of Status		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Division P.O. Box	tion Section of Corporations	Street Address: Registration Secti Division of Corpo The Centre of Tal 2415 N. Monroe S Tallahassee, FL 3	orations Tahassee Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Siesta Palm, LLC	
(Name of the Limited Liability Company as it now appear (A Florida Limited Liability Company)	s on our records.)
The Articles of Organization for this Limited Liability Company were filed on Jan Florida document number L23000037773	and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company he	<u>те</u> :
The new name must be distinguishable and contain the words "Limited Liability Company," the de-	esignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	7,767
(Principal office address MUST BE A STREET ADDRESS)	12 5
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	1 1 Po
B. If amending the registered agent and/or registered office address on our reagent and/or the new registered office address here:	ecords, enter the name of the new register
·	
Name of New Registered Agent:	<u></u>
New Registered Office Address:	
Enter Flori	ida street address
	, Florida

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.

City

If Changing Registered Agent. Signature of New Registered Agent RECEIVED

MAR 0 6 2023

Zip Code

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
MGR	Natalie Fisher	4026 Barry Way	
		Sarastoa, FL 34232	□Remove
			\= Change
			□Add
			□Remove
			□Add □Add □☐: □Remove
			□Remove
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			Citien and

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	2
	7 —
ive date, if other than the date of filing:	(optional)
fective date is listed, the date must be specific and cannot be prior to date of fi If the date inserted in this block does not meet the applicable statute	ling or more than 90 days after filing.) Pursuant to 60: ory filing requirements, this date will not be list
nent's effective date on the Department of State's records.	,
rd specifies a delayed effective date, but not an effective time, at 12:0 led.	01 a.m. on the earlier of: (b) The 90th day after
•	
February 28th 2023	
10 A 0	

Filing Fee: \$25.00

Typed or printed name of signee