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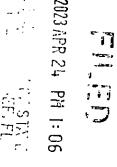
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Y. SCOTT
JUN 1 0 2023

COVER LETTER

`	ion of Cor			
SUBJECT:	5 Palms Re	al Estate, LLC		
3000ECT		Name of Lin	nited Liability Company	
The enclosed a	Articles of	Amendment and fee(s) are sub	omitted for filing.	
		ndence concerning this matter	_	
		Sotia Vasquez		
			Name of Person	
		ZenBusiness INC		
		· · · · ·	Firm/Company	25
		336 E. College Ave Suite	301	2023 APR 24
			Address	. zö
		Tallahassee, FL 32301		F PR
			City/State and Zip Code	PH 1: 06
		fulfillment@zenbusiness.co	om to be used for future annual report no	ر: 5 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
For further info	ormation c	oncerning this matter, please c	·	omeanon
c/o ZenBusin		·	844 493-6249	
	Name o	f Person	at () Area Code Dayti	me Telephone Number
Enclosed is a c	check for th	ne following amount:		
■ \$25.00 Fil	ing 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 radditional copy is enclosed)
	ng Addres stration S		Street Address: Registration S	ection
Divis	sion of C	orporations	Division of Co	orporations
	Box 632 hassee, 1	7 FL 32314	The Centre of 2415 N. Monr	Tallahassee oe Street, Suite 810

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

5 Palms Real Estate, LEC		
(<u>Name of the Limited Liability Com</u> (A Florida Limite	npany as it now appears on our re ed Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Compa	ny were filed on 2023-01-26	and assigned
lorida document number L23000049270		
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	ability company here:	
Mary Louise Biddle, LLC		
The new name must be distinguishable and contain the words "Limited Lia	ability Company," the designation	
Enter new principal offices address, if applicable:		023 /P
Principal office address MUST BE A STREET ADDRESS)		N ====
Enter new mailing address, if applicable:		PH II
Mailing address MAY BE A POST OFFICE BOX)		06
3. If amending the registered agent and/or registered offic agent and/or the new registered office address here:	ee address on our records. <u>er</u>	nter the name of the new regis
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	ddress
		#74 · 4
	Cuv	, 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>	Address	Type of Action
			□Add
			□Remove
			□Change
			2023 APR □ Remove
-			P Change
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Effective date if other than	the date of filing:	(ontional)
If an effective date is listed, the date	the date of filing:e must be specific and cannot be prior to date of filing o	or more than 90 days after filing.) Pursuant to 605.0207
Note: If the date inserted in the	is block does not meet the applicable statutory fi he Department of State's records.	iling requirements, this date will not be listed as
document 3 encenve date on a	ne Department of State 3 records.	
		and a section of the Mile Odd Lee See de-
	ective date, but not an effective time, at 12:01 a.r	m. on the earlier of; (b) The 90th day after the
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Filing Fee: \$25.00