

L23000159053

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

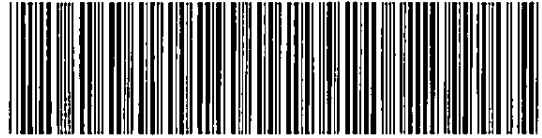
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*Amend*

Office Use Only



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2024 DEC -9 AM 8:11  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED

*ML*

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: 99 Palms Subdivision, 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:

HT Tehrani  
Name of Person

99 Palms subdivision, LLC  
Firm/Company

P.O. Box 19404  
Address

Panama city Beach, FL 32417  
City/State and Zip Code

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

For further information concerning this matter, please call:

HT Tehrani at (850) 960-0007  
Name of Person Area Code Daytime Telephone Number

SECRETARY OF STATE  
TALLAHASSEE, FL

2024 DEC -9 AM 6:11

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**

99 Palms subdivision, 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 March, 29, 2023 and assigned Florida document number L23000159053

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)

1616 Lost Cove Lane

Panama City Beach

FL, 32413

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

P.O. Box 19404

Panama City Beach, FL 32417

**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:

HT Tehrani

New Registered Office Address:

1616 Lost Cove Lane

Enter Florida street address

Panama City Beach  
City

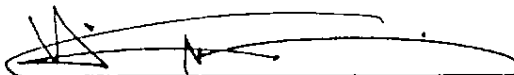
Florida

32413

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>
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MGR	Russell D Thompson	103 Trenovia place	<input type="checkbox"/> Add
		Panama city Beach, FL, 32407	<input checked="" type="checkbox"/> Remove
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TALAMASSEE, FL  
SECRETARY OF STATE

SECRETARY OF STATE  
TALLAHASSEE, FL

2024 DEC 19 AM 8:11  
SECRETARY OF STATE  
TALLAHASSEE, FL

1. The first step is to identify the problem or question that needs to be addressed. This involves understanding the context and the specific requirements of the task.

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated December 6, 2024

Signature of a member or authorized representative of a member

HT Tehrani  
Typed or printed name of signee