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COVER LETTER

Registration Section

TO:

Div	ision of Cor	porations				
ann man	280 EAST PALMETTO PARK LLC Name of Limited Liability Company					
SUBJECT:						
The enclosed	1 Articles of	Amendment and fee(s) are sub	mitted for filing			
			•			
Please return	i ali correspo	ndence concerning this matter	to the following:			
		MITCHELL B KIRSCHN	ER			
			Name of Person			
		GRAY ROBINSON PA				
			Firm/Company			
		2255 GLADES ROAD, S	UITE 301E			
			Address		 	
		BOCA RATON, FL 3343	1		• • • • •	
			City/State and Zip Code		17 47	
	MITCH.KIRSCHNER@GRAY-ROBINSON.COM					
		E-mail address: (to be used for future annual report n	otification)		
For further is	nformation c	oncerning this matter, please c	all:			
Mitch Kirsc	hner	11/40 0 -	561 886-4109			
	Namoon	Person		ime Telephone Number	_	
Enclosed is	a check for th	ne following amount:				
≅ \$25.00 I	Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing F Certificate of S Certified Copy (additional copy is	Status &	
	iling Addres		Street Address:	Continu		
	gistration S vision of C	orporations		Registration Section Division of Corporations		
	D. Box 632	-	The Centre of	Tallahassee		
Ta	llahassee, I	FL 32314	2415 N. Mon	roe Street, Suite 810		

Tallahassee, FL 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

280 EAST PALMETTO PARK L			
(Name of the Lim	ited Liability Company as it no (A Florida Limited Liability Co	w appears on our records.)	
The Articles of Organization for this Limited I	iability Company were file	ed on 04/19/2023	and assigned
Florida document number L23000195750	,		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, <u>enter the new name o</u>	of the limited liability com	pany here:	
			2
The new name must be distinguishable and contain the	words "Limited Liability Compa	ny," the designation "LLC" or the at	breviation "L.L.C."
Enter new principal offices address, if appli	cable:		
Principal office address MUST BE A STREE			·
			•
			<u> </u>
Enter new mailing address, if applicable:			ලූ
Mailing address MAY BE A POST OFFICE			<u> </u>
Manning united MAT BE A FOST OFFICE	<u> </u>	·	
3. If amending the registered agent and/or agent and/or the new registered office address.	registered office address o ess here:	on our records, <u>enter the nam</u>	e of the new regist
Name of New Registered Agent:	Mitchell B Kirschner		
New Registered Office Address:	2255 GLADES ROAD, S	SUITE 301E	
-		Enter Florida street address	
	Boca Raton	, Florida <u>33</u>	431
	City	, , , , , , , , , , , , , , , , , , , ,	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>	Name	Address	Type of Action
			□ Add
			□Remove
			□Change
			🗀 Add
			Remove
			□Add
			□Change
			□Remove
			□Change
			□Add
			🗆 Rетюче
			□Change
			□Add
			□Remove
			□ Change

f amending any other information, enter change(s) he	ис (пишт шиничш энесь, у насельну,
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· · · · · · · · · · · · · · · · · · ·	
	
ffective date, if other than the date of filing: m effective date is listed, the date must be specific and cannot be pri- lote: If the date inserted in this block does not meet the appl ocument's effective date on the Department of State's recon-	for to date of filing or more than 90 days after (fling.) Pursuant to 605.02 licable statutory filing requirements, this date will not be listed
record specifies a delayed effective date, but not an effective is filed	time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
ated July 28 , 2023	
Signature of a member or as	thorized representative of a member
ANA M GOTTBOTTE	

Filing Fee: \$25.00