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| (Requestor's Name) |
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| PICK-UP WAIT MAIL |
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| (Business Entity Name) |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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COVER LETTER

TO:

Registration Section

Tallahassee, FL 32314

| Divi | ision of Corp | orations | | |
|---------------------|---|--|--|-------------|
| SUBJECT: | PALM MOT | OR RENTALS LLC | | |
| SUBJECT: | | Name of Limi | ited Liability Company | |
| The enclosed | Articles of A | mendment and fee(s) are sub- | mitted for filing. | |
| Please return | all correspond | dence concerning this matter t | to the following: | |
| | | Michael R Millner II | | |
| | | | Name of Person | |
| | | PALM MOTOR RENTAL | S LLC | |
| | | | Firm/Company | |
| | | 2260 NE 62ND ST | | |
| | | | Address | |
| | | FORT LAUDERDALE, FL | . 33308 | |
| | | | City/State and Zip Code | |
| | | 2260NE62NDST@GMAIL. | | |
| | | | o be used for future annual report notification) | |
| For further in | tormation cor | ncerning this matter, please ca | ill: | |
| MICHAEL R | MILLNER | | 407 867-7907 at () | |
| | Name of F | Person | Area Code Daytime Telephone Number | |
| Enclosed is a | check for the | following amount: Flo | rida Department of State | |
| ■ \$25.00 F: | iling Fee | ☐ \$30.00 Filing Fee & Certificate of Status | (additional copy is enclosed) Certified (| of Status & |
| Reg Div | ling Address: distration Se dision of Co discossion Box 6327 | | ★ 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

PALM MOTOR RENTALS LLC

| (Name of the Limited Liability Comp (A Florida Limited | any as it now appears on our records.) Liability Company) | | | |
|---|---|---------------------------------------|--|--|
| The Articles of Organization for this Limited Liability Company Florida document number <u>L23000270363</u> | y were filed on 06/05/2023 | and assigned | | |
| This amendment is submitted to amend the following: | | | | |
| A. If amending name, enter the new name of the limited lial | oility company here: | | | |
| 2260 ORCHIDS LLC | | | | |
| The new name must be distinguishable and contain the words "Limited Liab | ility Company," the designation "LLC" or the a | obreviation "L.L.C." | | |
| Enter new principal offices address, if applicable: | to amend the following: the new name of the limited liability company here: the new name of the limited liability company here: the new name of the limited liability company here: 2260 NE 62ND ST FORT LAUDERDALE, FL 33308 if applicable: 754 NE 40TH ST OAKLAND PARK, FL 33334 cc. ad agent and/or registered office address on our records, enter the name of the new registered office address here: tered Agent: tice Address: Enter Florida street address Enter Florida street address Enter Florida street address ture, if changing Registered Agent: nent as registered agent and agree to act in this capacity. I further agree to comply with the active to the proper and complete performance of my duties, and I am familiar with and position as registered agent as provided for in Chapter 605, F. S. Or, if this document is a change in the registered office address. I hereby confirm that the limited liability | 2260 NE 62ND ST | | |
| (Principal office address MUST BE A STREET ADDRESS) | FORT LAUDERDALE, FL 33308 | - 3 | | |
| | | | | |
| Enter new mailing address, if applicable: | 754 NE 40TH ST | | | |
| (Mailing address MAY BE A POST OFFICE BOX) | OAKLAND PARK, FL 33334 | | | |
| | | | | |
| Name of New Registered Agent: | address on our records, enter the nan | e of the new register | | |
| New Registered Office Address: | | | | |
| | Enter Florida street address | | | |
| | Florida | | | |
| | City | Zip Code | | |
| New Registered Agent's Signature, if changing Registered Agent: | | | | |
| provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as _l | performance of my duties, and I am j provided for in Chapter 605, F.S. Or, | familiar with and if this document is | | |
| If Char | nging Registered Agent, Signature of New Re | gistered 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 |
|--------------|----------------------|------------------------|----------------|
| MGR | MICHAEL R MILLNER II | 754 NE 40TH ST | □Add |
| | | OAKLAND PARK, FL 33334 | □Remove |
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| ective date, if other than the effective date is listed, the date in this light the date inserted in this light ument's effective date on the light. | ust be specific and cannot b block does not meet the | applicable statutor | ng or more than 90 days y filing requirements | optional) after filing.) Pursuant to 6 s, this date will not be li | 05.020 sted a |
| | ive date, but not an effec | ctive time, at 12:01 | a.m. on the earlier of | of: (b) The 90th day af | ter the |
| cord specifies a delayed effect s filed. | | | | | |
| s filed. MAY 22nd d | , 2024 | · | | | |
| ed | 202 | 'llne- | | | |

Filing Fee: \$25.00