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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

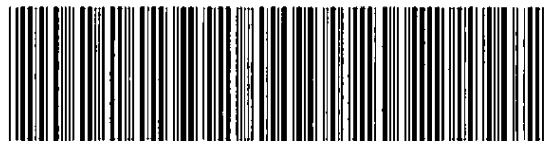
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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11/21/23 10:11:13

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _____

Eight Palms 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:

Erik Lugin

Name of Person

Eight Palms LLC

Firm/Company

6120 Reese Rd, Apt 203

Address

Davie FL 33314

City/State and Zip Code

erik@lugininc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Erik Lugin

Name of Person

at (508) 975 5593

Area Code

Daytime Telephone Number

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
2115 North G Street, Suite 210
Tallahassee, FL 32310

Eight Palms LLC

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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> |
|--------------|--------------------|------------------------|--|
| MGR | Erik Lugin | 6120 Reese Rd, Apt 203 | <input type="checkbox"/> Add |
| | | Davie FL 33314 | <input type="checkbox"/> Remove |
| | | | <input checked="" type="checkbox"/> Change |
| AMBR | Erik Lugin | 6120 Reese Rd, Apt 203 | <input checked="" type="checkbox"/> Add |
| | | Davie FL 33314 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| MGR | Krisztina Szarozta | 6120 Reese Rd Apt 203 | <input checked="" type="checkbox"/> Add |
| | | Davie FL 33314 | <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Change |
| | | | <input type="checkbox"/> Add |
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. On the right side, there are some faint, handwritten marks that appear to be numbers: "7" near the top, "1" below it, "12" further down, and "12" at the bottom right corner. The rest of the page is blank.

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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.

(b) The 90th day after the record is filed.

Dated November 16th, 2023

Signature of a member or authorized representative of a member

Erik Lugin
Typed or printed name of signer