L23000290585

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COVER LETTER

Mailing Address: Registration Section

P.O. Box 6327

Division of Corporations

TO: Registration Se Division of Cor		6. 21	•	
SUBJECT:	· 186	lms LLC nited Liability Company	: 	
	U Name of Lin	nited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	_ Eri	L Lugin Name of Person		
	Eig	Name of Person The Palms Figure Company	LLC	
	6120 R	eese Rd, A	nt 203	
	Davie 1	FL 333	314	
		City/State and Zip Code LG LN LNC. COM to bused for future annual report noti	fication)	
For further information co	oncerning this matter, please c	•	,	
Erikl	igin	a 508, 975	5593	
Name of	Person	Area Code Daytim	e Telephone Number	
Enclosed is a check for the	e following amount:			
S25.00 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 enclose	

Street Address:

Registration Section

Division of Corporations The Centre of Tallahassee

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Eight Palms 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 6/15/23 and assigned Florida document number L23000290585

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 "L.L.C." or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

______, Florida ______

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
MGR	ErikLugin	6120 Reese Rd, Apt 203	∟□Add
		Davie FL 33314	□Remove
			Change
AMBR	Erik Lugin	6120 ReeseRd, Apt 203	tAdd
		Davie FL 33314	Remove
			Change
<u>MGR</u>	Krisztina C-lancata	6120 Reese, Rd Apt 203	_ CANdd
	Sztaroszta	Davie FL 33314	_ □Remove ⇔
			□Change
			_ □Add
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reffective date is	listed, the date mu	ist be specific an	id cannot be prior	r to date of filing	or more than 90 days	o ptional) after filing.) Pu	suant to 605.02
ument's effecti	ve date on the E	Department of	meet the applications of the State's records	cable statutory	filing requirements	this date will	not be listed
record speci he 90th day	fies a delaye after the red	d effective	date, but no	ot an effectiv	e time, at 12:	01 a.m. on	the earlier
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