L23000299184

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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06/28/23--01016--003 **30.90



COVER LETTER

Division of Cor	porations		
SHRIECT: 5/1	IVER Palm	Services LLC	
3013/F.C1.	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for tiling.	
Please return all correspo	ondence concerning this matter	to the following:	
	Casie	Anderson Name of Person	
	Silver Palr	n Services Le	40
		• •	
	134 Bettor	nwood Shores	<u> Dr. </u>
		Address	
	Key lar	City/State and Zip Code Per Son gae / 10 to be used for future annual report noti	7
	(4)	City/State and Zip Code	,
	E-mail address: (to be used for future annual report noti	re.com
For further information c	oncerning this matter, please c		,
^	_ ,		
Laste A	nderson	at (<u>253</u>) <u>820 -</u> Area Code Daytim	- 8189
Name o	f Person	Area Code Daytim	e Telephone Number
Enclosed is a check for th	ne 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)

Registration Section

TO:

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

ARTICLES OF O	RGANIZATION 3/2 Size
0.	PRGANIZATION F Ny as it now appears on our records.)
(Name of the Limited Liability Compar (A Florida Limited L	ability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L2300029918</u> 4	were filed on $6-21-23$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	ity 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)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	
	Enter Florida street address

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.

Cinv

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>	Type of Action
MGR	Jason Anderson	134 BHorwood Shores D.	□Add
		Key largo FL	X Remove
		134 BHORWOOD Shores D. Key largo FZ 33037	□Change
			□Add
			□Remove
			□Change
			□Add
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effective date	f other than the da s listed, the date must b	e specific and cannot b	be prior to date of f	iling or more than 90	(optional) days after filing.) Pur	suant to 605.020
<u>e:</u> If the dat ument's effe	inserted in this bloc tive date on the Dep.	k does not meet the artment of State's r	applicable statut ecords,	ory filing requires	nents, this date will	not be listed a
cord specific filed.	a delayed effective of	date, but not an effe	ctive time, at 12:	01 a.m. on the ear	lier of: (b) The 90	th day after th
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ed	-21-20	23.	<u> </u>			
	Si	gnature of a member	or authorized repre	serifative of a memi	ner	
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