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(Address)

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(City/State/Zip/Phone #)

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(Document Number)

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WILLAMETTE, FLORIDA

2024 OCT -9 AM 8:19

FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FIGURELLA PALM 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:

ANGELA PEREZ

Name of Person

A CAMI BUSINESS AND CORPORATE SOLUTIONS LLC

Firm/Company

8500 SUNRISE LAKES BLVD., STE. 109

Address

SUNRISE, FLORIDA 33322

City/State and Zip Code

ACAMI@CAMIBCS.COM

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

For further information concerning this matter, please call:

ANGELA PEREZ

305

489-1414

at ()

Name of Person

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
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 4, 2024

ANGELA PEREZ
A CAMI BUSINESS AND CORPORATE SOLUTIONS
8500 SUNRISE LAKES BLVD, STE 109
SUNRISE, FL 33322

SUBJECT: FIGURELLA PALM LLC
Ref. Number: L24000093138

We have received your document for FIGURELLA PALM LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent designated must be an active Florida entity or a foreign entity authorized to transact business in Florida. Please correct the document.

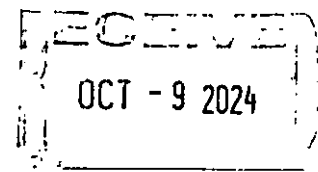
The name of the entity must be identical throughout the document.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6000.

RUSSELL L HUNT
Regulatory Specialist III

Letter Number: 124A00019727



**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

FIGURELLA PALM LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED
2024 OCT -9 AM 8:20

TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 02/22/2024 and assigned
Florida document number L24000093138.

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

9717 SW 74TH AVENUE

OCALA, FLORIDA 34476

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9717 SW 74TH AVENUE

OCALA, FLORIDA 34476

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:

CAMI BUSINESS AND CORPORATE SOLUTIONS LLC

New Registered Office Address:

8500 Sunrise Lakes Blvd, Ste 109

Enter Florida street address

Sunrise

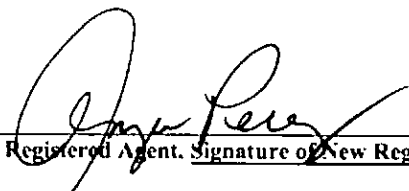
City

, Florida 33322

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

[illegible]

2024 OCT -9 AM 8:20
MILLHASTEE, FLORIDA

FILED
2024 OCT -9 AM 8:20
TALLAHASSEE, FLORIDA

(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)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Signature of a member or authorized representative of a member

Typed or printed name of signee