## L24000108832

(Degreeted Name)					
(Requestor's Name)					
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(Ad	dress)				
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PICK-UP	☐ WAIT	MAIL			
(Bu	siness Entity Name)	1			
(Do	cument Number)				
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Certified Copies	Certificates of	Status			
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Special Instructions to Filing Officer:					

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PALMETTO SUNSETS LLC	FILER	
(Name of the Limited L (A	Jability Company as it now appears on our records.)  Florida Limited Liability Company)  7021, Nov.	
The Articles of Organization for this Limited Liabil	lity Company were filed on     All LAHASSEE, FL	
Florida document number FL24000108832	TALLAHASSEE, FI	
This amendment is submitted to amend the following		
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	(DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO)	<u>X)</u>	
B. If amending the registered agent and/or regis agent and/or the new registered office address he	stered office address on our records, <u>enter the name of the new registerec</u> ere:	
Name of New Registered Agent:		
New Registered Office Address:		
Enter Florida street address		
_	, Florida	
	Στρ 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

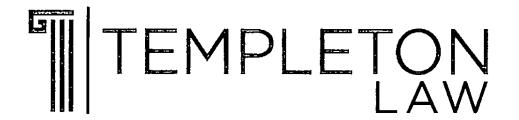
amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being add or removed from our records: MGR = Manager

AMBR = Authorized Member

Title AMBR	Name JON S. FLOYD	Address 1263 PINEY GROVE RD.,	Type of Action
		CHIPLEY, FL 32428	■Add
			———— □Rcmove
AMBR	FELICIA A. BASSHAM	2549 COVE RD.,	
		NAVARRE, FL 32566	
A D			□Remove
AP	STEVE R. BASSHAM	2549 COVE RD.,	Change
		NAVARRE, FL 32566	———— □Add
			Remove
			☐ Change
			□Add
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Effective If an effecti- Note: If the document	date, if other than the date of filing:  (optional)  (determined 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)  (a)  (a)  (b)  (b)  (c)  (c)  (c)  (d)  (d)  (d)  (d)  (e)  (e)  (e)  (f)  (f)  (f)  (f)  (f
	ecifies a delayed effective date, but not an effective date.
	ecifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the
	The 90th day after the
record sp d is filed.	
record sp d is filed.	

Filing Fee: \$25.00



November 8, 2024

Registration Section Division of Corporations PO Box 6327 Tallahassee, FL 32314

RE: Articles of Amendment to Articles of Organization of Palmetto Sunsets LLC

To whom it may concern:

Enclosed please find the following documents for the amendment to Palmetto Sunsets LLC:

- 1) Check# 179 in the amount of \$25 for Filing Fee:
- 2) Cover letter; and
- 3) Articles of Amendment to Articles of Organization of Palmetto Sunsets LLC.

If you have any questions about this letter or the enclosed documents, please contact me at (850) 235-8350 or via email at Chad@TempletonLaw.com

Chad R. Templeton, Esq.

## **COVER LETTER**

Division of Co	rporations			
PALMET SUBJECT:	TO SUNSETS LLC			
SUBJECT.	Name of Lin	nited Liability Company	<del></del>	
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
	FELICIA A. BASSHAM			
		Name of Person	<del>-</del>	
		Firm/Company	<u> </u>	
	2549 COVE RD.			
Address				
	NAVARRE, FL 32566			
	Fabassham E-mail address:	City/State and Zip Code  Aimai . Com  to be used for future annual report notifications.	ation)	
For further information of	concerning this matter, please c			
FELICIA A. BASSHAM	м	at (_ <i>850</i> _) <b>&amp;</b> 63	13-/ <sub>0</sub> 001	
Name of Person			Felephone Number	
Enclosed is a check for t	he 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		Street Address:		

Registration Section
Division of Corporations

**Registration Section** 

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P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303