## 124000135054

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
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(Document Number)
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AUG 2 6 S. PRATHEF



July 29, 2024

PALM PLAY CAFE LLC WILLIAM CERNY 11385 104TH ST N LARGO, FL 33773

SUBJECT: PALM PLAY CAFE LLC Ref. Number: L24000135054

We have received your document for PALM PLAY CAFE LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

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) 245-6939.

Stacy Prather Regulatory Specialist III

Letter Number: 724A00016792

AUG 1 4 2024

www.sunbiz.org

## **COVER LETTER**

TO: Registration Se Division of Cor			
SUBJECT: Palm	Plan Cafe	110	
SUBJECT: Kalm	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	William	<i>P</i> .	
	William	Name of Person	
		Firm/Company	<del></del>
	11385 109	1th Street	
		Address	
	_largo,FL	33773	<del></del>
	, ,	City/State and Zip Code	
	E-mail address: (	to be used for future annual report notifi	ication)
For further information co	oncerning this matter, please ca	all:	
William	Ceins	at ( <u>770</u> ) <u>402-08</u>	536
Name of	f Person /	Area Code Daytime	Telephone Number
Enclosed is a check for th	e 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)
			- Already paid
<u>Mailing Address</u> Registration S		<u>Street Address:</u> Registration Sec	tion
Division of Co	orporations	Division of Corp	porations
P.O. Box 632		The Centre of Ta	
Tallahassee, F	L 32314	2415 N. Monroe	Street, Suite 810

Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2

	OF			<u></u> '	5 <del>4</del>
Palm Plan C	Cafe LLC	/1			<del>7</del> <del></del> -
(Name of the Limited Liabilit (A Florida	ty Company as it now Limited Liability Com	appears on our r pany)	ecords.)	<u>.</u>	===
The Articles of Organization for this Limited Liability Co		on <u>3//9/</u>	2624	च्: —— <b>;and</b> a	assigned
Florida document number <u>L24(x)0/35054</u>	<del></del> .				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limi	ited liability compa	any here:			
Swell Caffee UC					
The new name must be distinguishable and contain the words "Limi	ited Liability Company	," the designation	"LLC" or the a	bbreviation '	L.L.C.
Enter new principal offices address, if applicable:	_1114	8 Starke	y Rd		
(Principal office address MUST BE A STREET ADDR	,	in FL:	23773		
Enter new mailing address, if applicable:	11145	s Stacke	, Rol		
(Mailing address MAY BE A POST OFFICE BOX)	Laca	FL 337	73		
					<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered office address here:	1 office address on	our records, <u>e</u>	nter the na	ne of the p	ew registered
Name of New Registered Agent:					<del></del>
New Registered Office Address: 1119	48 Stacker	ter Florida street d	ddress		
	Lacgo		_, Flo <del>ri</del> da _	33773	
	City			Zip Cod	le
New Registered Agent's Signature, if changing Registered					
I hereby accept the appointment as registered agent of provisions of all statutes relative to the proper and confidence the obligations of my position as registered agong filed to merely reflect a change in the registere	omplete performar gent as provided fo	nce of my dutie or in Chapter (	es, and I am 805, F.S. Or	familiar v r, if this do	vith and cument is

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
			Change
			□Add
			Remove
			□Change
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