

L24000196846

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

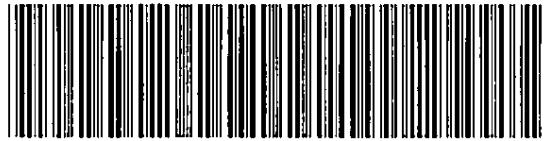
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** 415 PALMETTO, 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:

ELIZABETH HASLETT

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Firm/Company

415 N PALMETTO AVENUE

\_\_\_\_\_  
Address

GREEN COVE SPRINGS, FL 32043

\_\_\_\_\_  
City/State and Zip Code

BETSY@HASLETTLAW.COM

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

For further information concerning this matter, please call:

BETSY HASLETT

904 5998032  
at ( )

\_\_\_\_\_  
Name of Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

**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>	<u>Type of Action</u>
MGR	BETTY BEARDEN	1934 COLONIAL DRIVE	<input type="checkbox"/> Add
		GREEN COVE SPRINGS, FL 32043	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	JAMES BEARDEN	1934 COLONIAL DRIVE	<input type="checkbox"/> Add
		GREEN COVE SPRINGS, FL 32043	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	BEARDEN FAMILY LEGACY, LLC	1934 COLONIAL DRIVE	<input checked="" type="checkbox"/> Add
		GREEN COVE SPRINGS, FL 32043	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

(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.

Dated May 22, 2024

*Betty S. Brander*  
Signature of a member or authorized representative of a member

BETTY BEARDEN

Typed or printed name of signee