L24000196846

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	 Filing Officer:	

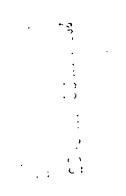
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COVER LETTER

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TO: Registration Se Division of Cor			
415 PALM	ETTO, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	ELIZABETH HASLETT		
		Name of Person	
		Firm/Company	
	415 N PALMETTO AVE		
	GREEN COVE SPRINGS	Address	
	- CIRCLIN COVE SI KINGS	City/State and Zip Code	
	BETSY@HASLETTLAW. E-mail address: (COM to be used for future annual report notif	ncation)
For further information of	concerning this matter, please c	all:	
BETSY HASLETT		904 5998032 at ()	
Name o	of Person		· Telephone 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)
		0	
Mailing Address Registration		Street Address:	ytion (
Registration Division of C		Registration Sec Division of Cor	
P.O. Box 632	•	The Centre of T	
Tallahassee,			e Street, Suite 810
rananasoet,		Tallahassee, FL	_

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

415 PALMETTO, LLC		
(<u>Name of the Limited Lial</u> (A Flor	bility Company as it now appears on our recorda Limited Liability Company)	<u>rds.</u>)
The Articles of Organization for this Limited Liability	y Company were filed on APRIL 26, 2024	and assigned
Florida document number L24000196846	,	
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the li	imited liability company here:	
The new name must be distinguishable and contain the words "I	Limited Liability Company," the designation "LL	.C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registe agent and/or the new registered office address here Name of New Registered Agent:		r the name of the new registere
New Registered Office Address:		
	Enter Florida street addr	ess
		Florida
Nam Desistand Agent's Cignotum of changing Desists	City	Zip Code
New Registered Agent's Signature, if changing Registe		77
I hereby accept the appointment as registered age provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the regist company has been notified in writing of this chang	d complete performance of my duties, of d agent as provided for in Chapter 605 ered office address, I hereby confirm t	and I am familiar with and i, F.S. Or, if this document is hat the limited liability
		• • •

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
MGR	BETTY BEARDEN	1934 COLONIAL DRIVE	🗆 Add
		GREEN COVE SPRINGS, FL 32043	■ Remove
			Change
MGR	JAMES BEARDEN	1934 COLONIAL DRIVE	⊡Add
		GREEN COVE SPRINGS, FL 32043	≣Remove
			Change
MGR	BEARDEN FAMILY LEGACY, LLC	1934 COLONIAL DRIVE	≡ Add
		GREEN COVE SPRINGS, FL 32043	□Remove
			□Add
			□Remove
			□ Change
			□Add
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	e date, if other than tive date is listed, the date	the date of filing must be specific and	cannot be prior to	date of filing or mon	(option	1al) (ling.) Pursuant to 605.0207
ective effecti		s block does not m	neet the applicab	le statutory filing	equirements, this	date will not be listed as
effecti <u>te:</u> If	the date inserted in this	e Department of S	tate's records			
effecti <u>te:</u> If	the date inserted in this it's effective date on the	•	and steemas.			
reffecti te: If cument	the date inserted in thi					
effects te: If cument	the date inserted in this at's effective date on the specifies a delayed effe			e, at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
effects te: If cument	the date inserted in this at's effective date on the specifies a delayed effe			e. at 12:01 a.m. on	the earlier of: (b)	The 90th day after the
effects te: If cument cord s s filed	the date inserted in this at's effective date on the specifies a delayed effective.	ctive date, but not	an effective time			The 90th day after the
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effecti te: If tument cord s s filed	the date inserted in this at's effective date on the specifies a delayed effective.	ctive date, but not	an effective time	e, at 12:01 a.m. on		The 90th day after the

Typed or printed name of signce