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S. PRATHER

COVER LETTER

	istration Se sion of Cor			
		VA SCALE LLC		
SUBJECT:	<u></u> .	Name of Lim	ted 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:	
		FABIAN F ACOSTA		
			Name of Person	
		LEGALNOVA LLC		
			Firm/Company	
		14331 SW 120 ST Suite 10	1	
			Address	
		Miami, FL 33186		
			City/State and Zip Code	
		itls@legalnova.co	o be used for future annual report n	
For further in	formation c	oncerning this matter, please ca		othication)
Fabian Acost	a		786 598 1548	
	Name o	f Person	at () Area Code Dayt	time Telephone Number
Enclosed is a	check for tl	he following amount:		
■ \$25.00 F	iling Fee	S30.00 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)
	ling Addres		Street Address:	
	gistration Strision of C	Section Corporations	Registration S Division of C	
	. Box 632	<u> </u>	The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LEGALNOVA SCALE LLC		AUG AUG
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number L24000214450	were filed on 05:07/2024	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
Palm Bluff II LLC		
The new name must be distinguishable and contain the words "Limited Liabil	lity Company," the designation "LLC" or the	he abbreviation "L.L.C."
Enter new principal offices address, if applicable:	209 TURNER STREETCLEARWA	TER, FL 33756
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	209 TURNER STREETCLEARWA	TER, FL 33756
B. If amending the registered agent and/or registered office a agent and/or the new registered office address here:	address on our records, enter the 1	name of the new registered
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	. Florida	A.
	City	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 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	DANIEL ACOSTA	14331 SW 120 ST, SUITE 101MIAMI, FL 33186	□ Add
			≣Remove
			□Change
MGR	FABIAN ACOSTA	14331 SW 120 ST, SUITE 101MIAMI, FL 33186	□ Add
			≡ Remove
			□Change
MGR	STEPHEN T. HESS	209 TURNER STREET CLEARWATER, FL 33759	■Add
			□Remove
			□Change
			□Add
			□Remove
			□ Change
			□Add
			□Remove
			□ Change
			□Add
			⊡Remove

		
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	specific and cannot be prior to date of filing or does not meet the applicable statutory fili	(optional) more than 90 days after filing.) Pursuant to 605.020 ing requirements, this date will not be listed a
record specifies a delayed effective dat is filed.	te, but not an effective time, at 12:01 a,m	a. on the earlier of: (b) The 90th day after the
nted		· A.C.
ated]]	2024 AUG - ÄÜL 'Y.
	ature of a member or authorized representative	