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PICK-UP	WAIT	MAIL
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10/01/24--01006--005 **25.00



COVER LETTER

Beneath th	ne Palm, LLC	
SUBJECT:	Name of Limited Liability Company	-
	, , ,	
The enclosed Articles of	f Amendment and fee(s) are submitted for filing.	
	ondence concerning this matter to the following:	
·		
	Susan Rotblat, Esq.	
	Name of Person	
	Cutler Gordon & Warga	
	Firm/Company	_
	333 N. Wilmot Rd. Suite 340	
	Address	<u> </u>
	Tueson, AZ, US 85711	
	City/State and Zip Code	_
	hbuzaglo@cutlerlawgroup.com	_
e e a sa sa s	E-mail address: (to be used for future annual report notification)	
For lutther information c	concerning this matter, please call:	
Susan Rotblat	520 2227338 at ()	
Name o	of Person at () Area Code Daytime Telephone Numb	per
Enclosed is a check for t	the following amount:	
\$25.00 Filing Fee	□ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00	Cilino Cas
= 92, 300 tanig rec	Certificate of Status Certified Copy Certific (additional copy is enclosed) Certified Copy	cate of Status & ed Copy ad copy is enclose
Mailing Addres	88: Street Address:	

Registration Section
Division of Corporations 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Beneath the Palm, LLC		
(<u>Name of the Limited Liabi</u> (A Floric	lity Company as it now appears on our record da Limited Liability Company)	<u>v.</u>)
The Articles of Organization for this Limited Liability	Company were filed on $\frac{08/27/2024}{}$	and assigned
Torida document number 1.24000375659		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
he new name must be distinguishable and contain the words "Lin	mited Liability Company," the designation "Lt.C"	or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
-		
B. If amending the registered agent and/or registered agent and/or the new registered office address here:		the name of the new registers
Name of New Registered Agent:		<u></u>
New Registered Office Address:		
	Enter Florida street address	
	, Flo	orida
	Cin	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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Maryann Gillam, P.A.	1694 62nd Ave S	= Add
		St. Petersburg FL 33712	□Remove
		<u>i</u>	☐Change
			
			□Remove
			□Change
,			□Add
			□Remove
			Change
			□Remove
			□Change
			□Remove
			Change
			□Remove

Effective date, if other than the date of filing: (optional) (an effective date is liked, the date must be specific and cannot be prior to date of filing or more than 90 days after filing. (Pursuant to 605 9207 Note: 1) the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as document's effective date on the Department of State's records. Executed 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 rd is filed. Dated September 10 2024 Manyana, Allana. Signature of a member organiforing representative of a member.	· · · · · · · · · · · · · · · · · · ·		
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	September 10 Dated	2024	
Signature of a member or authorized representative of a member		 ·	
Signature of a member organthorized representative of a member		Maryana Gillam	
	<u></u>	gnature of a member organthorized representative of a member	
Maryann Gillam, as President of Maryann Gillam, P.A. and Member of Beneath the Palm, ELC	·	Typed or printed name of signee	

Filing Fee: \$25.00