

N21000010827

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

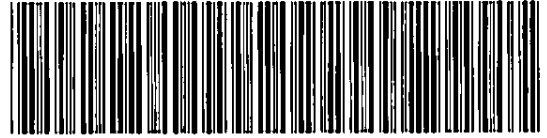
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900369802189

FILED

2021 SEP 29 AM 11:09

SECRETARY OF STATE  
TALLAHASSEE, FL

RECEIVED

2021 SEP 29 AM 11:56

SECRETARY OF STATE  
TALLAHASSEE, FL

X

CORPORATION SERVICE COMPANY  
1201 Hays Street  
Tallahassee, FL 32301  
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 046460 8354376

AUTHORIZATION : *[Signature]*

COST LIMIT : \$25,000 *[Signature]*

ORDER DATE : September 29, 2021

ORDER TIME : 9:36 AM

ORDER NO. : 046460-010

CUSTOMER NO: 8354376

FOREIGN FILINGS

NAME: PALM WAY INVESTMENTS LLC

☐ CORPORATE  
☐ LIMITED PARTNERSHIP  
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☐ CERTIFIED COPY  
☒ PLAIN STAMPED COPY  
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Alexxis Weiland -- EXT# 61592

EXAMINER: \_\_\_\_\_



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
2021 OCT -1 AM 11:51  
TALLAHASSEE, FLORIDA

September 30, 2021

CSC

**RESUBMIT**

Please give original  
submission date as file date.

SUBJECT: PALM WAY INVESTMENTS LLC  
Ref. Number: M21000010827

We have received your document for PALM WAY INVESTMENTS LLC and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

Please check type of action for the manager(John C. Arscott).

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) 245-6050.

Yasemin Y Sulker  
Regulatory Specialist III

Letter Number: 821A00023647

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA**

**SECTION I (1-4 must be completed)**

1. Name of limited liability Company as it appears on the records of the Florida Department of  
State: Palm Way Investments LLC

Enter new principal office address, if applicable: \_\_\_\_\_

(Principal office address  
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: \_\_\_\_\_

(Mailing address  
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M21000010827

3. Jurisdiction of its organization: Maryland

4. Date authorized to do business in Florida: August 18, 2021

**SECTION II (5-9 complete only the applicable changes)**

5. New name of the limited liability company: \_\_\_\_\_  
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

*Enter Florida Street Address*

\_\_\_\_\_, Florida \_\_\_\_\_  
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 Changing Registered Agent, Signature of New Registered Agent

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

Update address for John Arscott and add assistant managers as indicated below:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
Mgr	John C. Arscott	2441 S. State Rd 7	<input type="checkbox"/> Add
		Fort Lauderdale, FL 33317	<input type="checkbox"/> Remove
Mgr	Jeffrey Arscott	2441 S. State Rd 7	<input checked="" type="checkbox"/> Add
		Fort Lauderdale, FL 33317	<input type="checkbox"/> Remove
Mgr	Gregory Arscott	2441 S. State Rd 7	<input checked="" type="checkbox"/> Add
		Fort Lauderdale, FL 33317	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.

Signature of the authorized representative

John C. Arscott

Typed or printed name of signee

Filing Fee: \$25.00