

L14,000168855

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

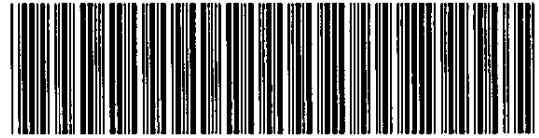
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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04/03/17--01033--014 **25.00

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

17 APR -3 PM 8:07

APR 04 2017
Y SULKER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PALM OF PALMIRA, 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:

RITA JACKMAN

Name of Person

POWELL, JACKMAN, STEVENS & RICCIARDI, P.A

Firm/Company

4575 VIA ROYALE, SUITE 200

Address

FORT MYERS, FL 33991

City/State and Zip Code

RJACKMAN@YOUR-ADVOCATES.ORG

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

For further information concerning this matter, please call:

RITA JACKMAN

239

689-1096

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the 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)

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Palm of Palmira, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 10/29/2014 and assigned Florida document number L14000168855.

This amendment is submitted to amend the following

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices 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)

3501 OCEAN DR. #4F
HOLLYWOOD, FL 33019

17 APR - 3 PM 0:07
CLERK OF CIRCUIT COURT
HOLLYWOOD, FLORIDA

B. If amending the registered agent and/or registered office 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:

POWELL, JACKMAN, STEVENS & RICCIARDI, P.A.

New Registered Office Address:

4575 VIA ROYALE, SUITE 200

Enter Florida street address

FORT MYERS

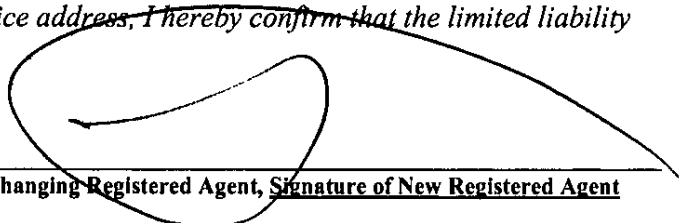
City

Florida 33919

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, 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	EA FLORIDA INVESTMENTS, L	3501 OCEAN DRIVE # 4F	<input type="checkbox"/> Add
		HOLLYWOOD, FL 33019	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	ROBERT DRAKE	4575 VIA ROYALE	<input type="checkbox"/> Add
		SUITE 200	<input type="checkbox"/> Remove
		FORT MYERS, FL 33919	<input type="checkbox"/> Change
			<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

17 APR 2003
 11:07 AM
 TAMPA, FLORIDA
 07

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

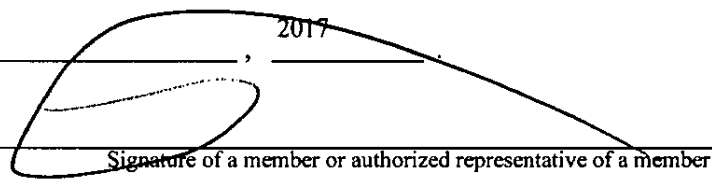
Multiple horizontal lines for amending information.

RECEIVED
MARCH 29 11 38 AM '17
17 APR -3 PM 3:07
MASS SECRET LONDON

E. Effective date, if other than the date of filing: _____ (optional)
(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 6050207 (3)(b)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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 MARCH 29, 2017


Signature of a member or authorized representative of a member


Typed or printed name of signee