

L14,000168855

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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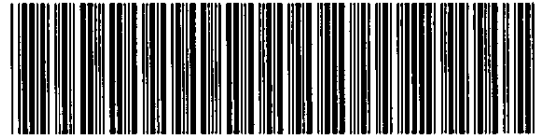
(Business Entity Name)

(Document Number)

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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



**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
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17 APR 2003  
 11:17 AM  
 SEATTLE, WASHINGTON  
 07

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

Multiple horizontal lines for amending information.

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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

Rita Jackson  
Typed or printed name of signee