

121 000 410 284

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

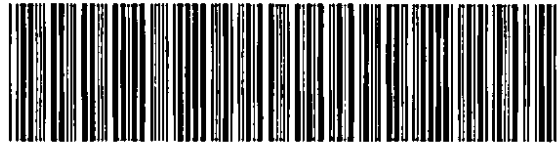
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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10/18/21--01045--012 **30.00

2021 OCT 18 AM 8:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/27/21
A.S.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PALM CLEANING SERVICES LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and Fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert Prado
Name of Person

PALM CLEANING SERVICES LLC
Firm/Company

8165 N UNIVERSITY DR. APT # 49
Address

TAMPA, FL 3334
City, State and Zip Code

Cocumediamarketing@gmail.com
E-mail address (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert Prado
Name of Person

at 786. 614-4867
Area Code District 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 Address:
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

PAIM cleaning services 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 9/16/21 and assigned
Florida document number 221000410284

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)

8165 N UNIVERSITY Dr. APT 49
TAMPA, FL 33621

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Title	Name	Address	Type of Action
MGR	THOMAS MALVINO	10479 NW 82nd St Apt #15	☒ Add
		Doral, FL 33179	☒ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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1-1-2021

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

I am the original BUSINESS owner.

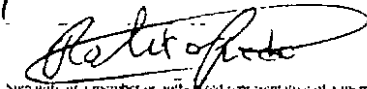
E. Effective date, if other than the date of filing: _____ (optional)

(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 605.02(7)(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

10/15/21



Signature of a member or authorized representative of a member

Robert Prado

Typed or printed name of signer

Filing Fee: \$25.00

2021 OCT 18 AM 8:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA