## 723571

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## COVER LETTER

TO: Amendment Section

Tallahassee, FL 32314

Division of Corporations PALM West quicers, INC NAME OF CORPORATION: \_\_\_ \_ DOCUMENT NUMBER: \_\_\_\_\_\_72357/ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: CARLOS BETANDES - PRESIDENT

(Name of Contact Person)

Palin West gordens. INC

(Firm/ Company) 1910 West 56 Street # 3127
(Address) Hialeali, Florida 330/2
(City/ State and Zip Code) Palm West gurdens a bellsouth, net
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: CARLOS BETANCES at 305 - 823 - 5281

(Name of Contact Person) (Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: \( \Sigma \) \$35 Filing Fee \( \sigma \) \$43.75 Filing Fee & \( \sigma \) \$43.75 Filing Fee & □\$52.50 Filing Fee Certificate of Status Certified Copy Certificate of Status (Additional copy is Certified Copy (Additional Copy is enclosed) Enclosed) Street Address Mailing Address Amendment Section Amendment Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

## Articles of Amendment Articles of Incorporation of

PALM West Garden	ently filed with the Florida Dept. of State)
•	ently fried with the Florida Dept. of State)
	nber of Corporation (if known)
Pursuant to the provisions of section 617.1006, Florida Stati amendment(s) to its Articles of Incorporation:	utes, this Florida Not For Profit Corporation adopts the following
A. If amending name, enter the new name of the corpor	ation:
name must be distinguishable and contain the word "corpo. "Company" or "Co." may not be used in the name.	The new ration" or "incorporated" or the abbreviation "Corp." or "Inc."
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRES</u>	
C. Enter new mailing address, if applicable:	5 1
(Mailing address <u>MAY BE A POST OFFICE BON</u> )	39 82
D. If amending the registered agent and/or registered of new registered agent and/or the new registered office	e address:
Name of New Registered Agent:	CARLOS BETANCES 1910 WEST 56 STREET # 3/27
New Registered Office Address:	1910 WEST 56 STREET # 3127 (Florida street uddress)
	(City) Flore i DA, Florida 33012 (Zip Code)
New Registered Agent's Signature, if changing Registered liberaby accept the appointment as registered agent. I am	ed Agent:
<del></del>	Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example:  X Change X Remove X Add	PT         John I           V         Mike           SV         Sally	<u>Jones</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
1) Change			
Add			
Remove			
2) Change			
Add			
Remove			
3 ) Change			
Add			
Remove			
4) Change			
Add			
Remove			
5) Change			
Add			
Remove			
6) Change		<u> </u>	
Add			
Remove			<del></del>

If amending or adding additional Artication (attach additional sheets, if necessary).	(Be specific)			
			-	
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				<u> </u>

The date of each amendment(s) add	8/20/2018	- To	diange	the unit #	t on by, if other than the
late this document was signed.			<u> </u>		
Effective date <u>if applicable</u> :					· · · · · · · · · · · · · · · · · · ·
	(no more than 90 days aft	er amendmen	t file date)		
<b>Note:</b> If the date inserted in this bloc document's effective date on the Dep		statutory filing	g requirement	s, this date will no	be listed as the
Adoption of Amendment(s)	(CHECK ONE)				
The amendment(s) was/were add was/were sufficient for approval	•	umber of vote	s cast for the	amendment(s)	
There are no members or members adopted by the board of director		lment(s). The	amendment(	s) was/were	
Dated	170/2018				
Signature	1/2/-	7			_
have not been	nan or vice chairman of the boar n selected, by an incorporator – ppointed fiduciary by that fiduci	if in the hand			
	CARLOS BE	TANCES			
	(Typed or printed	name of pers	on signing)		
	PRESIDE	DT:			
	(Title	of person sign	ning)		