

LD30000316A7

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

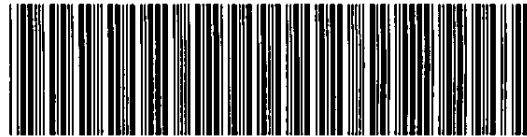
Special Instructions to Filing Officer:

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L. SELLERS

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12 MAY 24 PM 12:36

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

COVER LETTER

Ref Letter #
512A00014424TO: Registration Section
Division of CorporationsSUBJECT: LP PALM 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:

SAMARA ANDREADIS

Name of Person

LP PALM LLC

Firm/Company

3601 SW 30TH AVENUE, STE 12

Address

FORT LAUDERDALE, FL 33312

City/State and Zip Code

INFO@IKATU.US

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

For further information concerning this matter, please call:

SAMARA ANDREADIS

Name of Person

at (954)584-6175
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)

**check has already been received.*

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 15, 2012

SAMARA ANDREADIS
3601 SW 30TH AVENUE, UNIT 12
FORT LAUDERDALE, FL 33312

SUBJECT: LPPALM LLC
Ref. Number: L03000031697

We have received your document for LPPALM LLC and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Leslie Sellers
Regulatory Specialist II

Letter Number: 512A00014424

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

LP PALM 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 08/22/2003 and assigned
Florida document number L03000031697.

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 end with 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)

3601 SW 30TH AVENUE, STE 12

FORT LAUDERDALE, FL 33312

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

3601 SW 30TH AVENUE, STE 12

FORT LAUDERDALE, FL 33312

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 608, 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 the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	
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_____	_____	_____	<input type="checkbox"/> Add
_____	_____	_____	<input type="checkbox"/> Remove
_____	_____	_____	

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

Dated MAY 21ST, 2012

Signature of a member or authorized representative of a member

Typed or printed name of signee

Jimmy Baikovicus

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 MAY 24 PM 12:34

FILED