# 104000083553

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Amend

OCT 1 () 2019

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## **COVER LETTER**

Division of Corporat	ions	1		
SUBJECT:	PALM I Name of Limit	BRACH HEAMS ed Liability Company	- IMG1	ry, LLC
		·		
The enclosed Articles of Amer	idment and fee(s) are subn	nitted for filing.		
Please return all corresponden	ce concerning this matter to	o the following:		
· .		HW A KOVA	RIK	
_	70	WA KOVA	rik, ESQ	<u>. P.</u> A.
-	f. a	Box 371	2	
_	TEC	QUESTA F	L 3346	59
	E-mail address: (to	City/State and Zip Code  City/State and Zip Code  Cobe used for future annual repr	IKLAW, Cort notification)	IOM
For further information concer				
Name of Pers	Kovarik	at ( <u>\$6                                   </u>	659-900 Daytini: Felephone N	umber
	**			
Hinelosed is a check for the fol	lowing amount:			
⊠⊃ §25.00 Filing Fee □	\$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclose	Cer d) Cer	00 Filing Fee, tificate of Status & tified Copy monal copy is enclosed)

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

## STREET/COURSER ADDRESS:

Registration Section.
Division of Corporations
Citton Building 2561 Executive Carter Circle Tallahassee, FL 32101

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Florida document number 10400083553 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 "LLC" 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) 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 Areet address

## 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

Type of Action Address Name <u>Title</u> ELIEZER HERNANDEZ \_\_\_\_\_Remove \_□ Change □ Remove \* ☐ Change \_□ Remove □ Add □ Remove ☐ Change \_□ Add □ Remove □ Change

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ectiv	e date, if other than the date of filing: 9/13/2019 (optional)
	(optional) the date must be specific and cannot be prior to date of filing or more than 92 days after filing.) Pursuant to 605.020 if the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a statutory filing requirements.
ште	nt's effective date on the Department of State's records.
reco	rd specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier o
he S	Oth day after the record is filed.
ed_	Sectents 19 2019
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	Signature of a member or authorized representative of a member
	Systamice of althorized representative of a member

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Filing Fee: \$25.00