## L05000036224

(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:			

Office Use Only



900193604879

02/14/11--01007--014 \*\*25.00

SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON

FEB 1 5 2011

EXAMINED

## **COVER LETTER**

Division of	n Section Corporations				
SUBJECT:	PALERMO I	LC			
	Name of Limited Liability	Company	,		
The enclosed Articles	s of Amendment and fee(s) are submitted for f	iling.			
Please return all corre	espondence concerning this matter to the follow	wing:			
		ELSA SANCHEZ			
Name of Person					
PALERMO LLC					
Firm/Company					
3086 SWSTAST. Migmi Flar, 33135					
MIAMJI, FLORIDA					
City/State and Zip Code  E-mail address: (to be used for future annual report notification)					
					For further information
E	LSA SANCHEZ at (	305) 3	10-6523		
ELSA SANCHEZ at ( 305 ) 310-6523  Name of Person Area Code & Daytime Telephone Number					
Enclosed is a check for	or the following amount:		:		
\$25.00 Filing Fee	Certificate of Status Certi	Filing Fee & fied Copy itional 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

## ARTICLES OF AMENDMENT TO DIVISION OF CORPORATIONS ARTICLES OF ORGANIZATION OF 11 FE8 14 PA © 17

	PALERMO LLC			
(Name of the Limited L (A F	iability Company as it now apper Florida Limited Liability Company)	ars on our records.)		
The Articles of Organization for this Limited Liab	bility Company were filed on	April 13, 2005	and assigned	
Florida document numberL050000362				
This amendment is submitted to amend the follow	ving:			
A. If amending name, enter the new name of t	he limited liability company he	<u>ere</u> :		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Comp	pany," the designation "LI	C" or the abbreviatio	
Enter new principal offices address, if applicat	ole:			
(Principal office address MUST BE A STREET	ADDRESS)			
Enter new mailing address, if applicable:		-		
(Mailing address MAY BE A POST OFFICE BO	<u></u>			
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, <u>enter th</u>	e name of the nev	
Name of New Registered Agent:				
New Registered Office Address:		nter Florida street addre	ess .	
	City	, Florida	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

Title Title Type of Action <u>Name</u> **Address** P/MGR JOSE ADALIO SANCHEZ 3086 SW 5TH STREET, Miami, Fla. ☐ Add ✓ Remove P/MGR ELSA SANCHEZ 3086 SW 5TH ST. MIAMI, FLA., 33135 7 Add ☐ Remove VPS ALAN F. SANCHEZ 3086 SW 5TH ST., MIAMI, FLA. 33135 7 Add □Add Remove ∏Add Remove  $\Box$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) AMENDING TO REFLECT ELSA SANCHEZ AS PRESIDENT AND ALAN F. SANCHEZ AS VICE PRESIDENT FEBRUARY 10, 2011 Dated Signature of a member or authorized representative of a member **ELSA SANCHEZ** Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00