

LOS 000049152

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

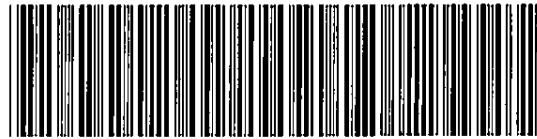
(Business Entity Name)

(Document Number)

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2024 NOV -8 AM 10:00
CLERK OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PALMIERI PROPERTIES 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:

ELIZABETH EDWARDS PALMIERI

Name of Person

PALMIERI PROPERTIES LLC

Firm/Company

305 WHISPERING WOODS DR

Address

BLUFF CITY, FL 37618

City/State and Zip Code

ELIZABETHCRAZYDOGLADY@GMAIL.COM

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

For further information concerning this matter, please call:

ELIZABETH EDWARDS PALMIERI

407 461-6014
at ()

Name of Person

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)

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**

PALMIERI PROPERTIES LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

FILED

2024 NOV -8 AM 10

SEAL OF ST
TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 05/18/2005

Florida document number L05000049152

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)

6038 DEWEY STREET

HOLLYWOOD, FL: ~~03323~~

33023 ²¹

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

305 WHISPERING WOODS DRIVE

BLUFF CITY, TN 37618

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:

BARBARA PALMIERI

New Registered Office Address:

6038 DEWEY STREET

Enter Florida street address

HOLLYWOOD

City

, Florida

~~03323~~

Zip Code

33023 ²¹

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.

Barbara Palmieri

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	SALVATORE PALMIERI III	305 WHISPERING WOODS DRIVE	<input type="checkbox"/> Add
		BLUFF CITY, TN 37618	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	ELIZABETH E. PALMIERI	305 WHISPERING WOODS DRIVE	<input type="checkbox"/> Add
		BLUFF CITY, TN 37618	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Change

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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 605.0207 (3)(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.

Dated DECEMBER 16, 2024

Typed or printed name of signee