Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850)617~6383

From:

Account Name : C T CORPORATION SYSTEM

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**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN PALMAS SERVICES, LLC

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Corporate Filing Menu

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COVER LETTER

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TO:	Registration S Division of Co			
CTIDI	Palmas Se	rvices, LLC		
BUM	,sc1:	Name of Lin	nited Liability Company	
The e	nclosed Articles of	FAmendment and fee(s) are sub	omitted for filing.	
		ondence concerning this matter	,	
		Richard D. Debler		
			Name of Person	
		Palmas Services, LLC		
		**************************************	Firm/Company	
	•	7677 Dr. Phillips Bouleva	rd, Suite 220	
			Address	
	•	Orlando, FL 32819		
			City/State and Zip Code	
		richard@sanangelinnusa.co		
Var fi	other information .		to be used for future annual report notifi	cation
		concerning this matter, please c		
Martl	18 Anderson Hartle		8t (
	Name	of Person	Area Code Daytime	Telephone Number
Enclos	sed is a check for t	he following amount:	:	
\$2	25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	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/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

PALMAS SERVICES, LLC

(Name of the Limited 1.	Jability Company as it now appears on our forida Limited Liability Company)	r records.)	
The Articles of Organization for this Limited Liabil	lity Company were filed on August 23	2, 2005 and assigned	
Florida document number L05000082789	·		
This amendment is submitted to amend the following	ng:		
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 designati	on "LLC" or the abbreviation "L,L.C."	•
Enter new principal offices address, if applicable	<u> </u>		•
(Principal office address MUST BE A STREET A	DDRESS)	<u> </u>	_
•			
	•	25. _	
Enter new mailing address, if applicable:	:	- <u> 5 </u>	
(Mailing address MAY BE A POST OFFICE BO)	<u>v</u>		. ;
		S 4	ر چنده پرسوم ^س ان
B. If amending the registered agent and/or a		111~ ·	i.
registered agent and/or the new registered office			iesh.
	:	9: 4	B. B S. W
Name of New Registered Agent:	 	B	
New Registered Office Address:			
	et address		
	, Florida		
	Clay	Zip Code	
New Registered Agent's Signature, if changing Regis	* · · · · · · · · · · · · · · · · · · ·		
I hereby accept the appointment as registered ag			he

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

Title	Name Address		Type of Action		
MGRM	Richard D. Debler	7677 Dr. Phillips Boulevard	D Add		
		Suite 220	Remove		
		Orlando, FL 32819	☐ Change		
MGR	Richard D. Debler	7677 Dr. Phillips Boulevard			
		Suite 220	Remove		
		Orlando, FL 32819	□ Change		
			□ Add		
		•	☐ Remove		
			GChange G		
			Add OV		
	•		E Change C		
			□ Remove		
			□ Change		
			□ Add		
•			□ Remove		
		:	Change		

D. If smending any other information, enter change(s) here: (Attach additional sheets, if necessary.)			
• :			
			
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	SS T	5	(C) towards
	<u> </u>	AH	Transmit
	ORID.	4 :6	1
E. Effective date, if other than the date of filing: (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.) P Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date with document's effective date on the Department of State's records.	ursuant to 605.0	0207 (3)(b) d as the)
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. or (b) The 90th day after the record is filed.	the earlie	r of:	
Dated September 25 November 5, 2015			
Signature of a member or authorized representative of a member			
Martha Anderson Hartley, Esq., Authorized Representative			
Typed or printed name of signee			

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Filing Fee: \$25.00