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SECRETARY OF STATE
AHASSEE, FLORIDA

T. CLINE
DEC 24 2008
EXAMINER

#### **COVER LETTER**

SUBJECT: PALMER CHASE OF SARASOTA, LLC. (Name of Limited Liability Company)										
The enclosed Articles of a	Amendment and fee(s) are sub-	nitted for filing.								
Please return all correspo	ndence concerning this matter t	to the following:								
	CHARLES :	(Name of Person)								
		(Firm/Company)								
	948 S. PA	CRINGHOUSE R								
	SARASOTI	(City/State and Zip Code)	2000 DEC 23 SECRETARY TAUL AHASS							
For further information c	oncerning this matter, please ca	all:	C 23 ALETARY OF HASSEE.							
LHARLES (Name)	of Person)	at (1411 ) 2 5 6 - 62 (Area Code & Days								
Enclosed is a check for the	he following amount:									
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy	□\$60.00 Filing Fee. Certificate of Status &							

MAILING ADDRESS:

Registration Section

**Division of Corporations** 

TO:

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

Certified Copy

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)

### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

## PALMER CHASE OF SARASOTA LLC (Name of the Limited Liability Company as it now appears on our records.)

(A I	florida Limited Lia	bility Compar	ıy)			
The Articles of Organization for this Limited Lia	bility Company w	ere filed on	APR	23,20	<u>7 and a</u>	ssigned
Florida document number L 070004		,				
This amendment is submitted to amend the follow	wing:					
A. If amending name, enter the new name of	the limited liabili	ty company	here:			
The new name must be distinguishable and end with "L.L.C."	the words "Limite	d Liability Co	mpany," the	designation "	LLC" or the	e abbreviation
Enter new principal offices address, if applica	ble:	948	S. PA	-KING	OSE	-Ro
(Principal office address MUST BE A STREET	ADDRESS)	SARA	YSOTA,	FLASS	H 23-	2
Enter new mailing address, if applicable:				E. FLOR	AM ID: 0	
(Mailing address MAY BE A POST OFFICE B			3,			
B. If amending the registered agent and/or registered agent and/or the new registered offi			on our rec	ords, <u>enter</u>	the name	of the new
Name of New Registered Agent:	CHARL	ES	J. S.	イモトト	<u> </u>	
New Registered Office Address:	948 S.	PACK		ouse rida street ad	20	
	SARA	ATTO	13/110/ 110/	_, Florida	<u>3</u> 425	32_

#### 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. Ox, if this document is being filed to merely reflect a change in the registered office address. Uhereby confirm that the limited liability company has been notified in writing of this change.

(City)

(If Changing Registered Agent, Signature of New Registered Agent)

(Zip Code)

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 **Type of Action** Title Name **Address** CHARLES J. SHELLEY MERM 948 S. PACKINGHOUSE PO W Add SARASOTA, FL 34232 Remove MORM STEVEN KING 🗂 Add Remove ☐ Add Remove 🗖 Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated \_\_\_\_ Signature of a member or authorized representative of a member

Page 2 of 2

Typed or printed name of signee

Filing Fee: \$25.00