

L07000047385

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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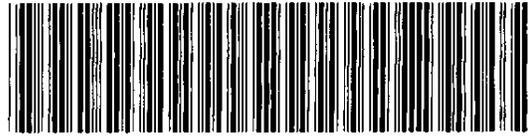
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
11 APR -1 AM 9:57

T. HAMPTON

APR -4 2011

EXAMINER NO #

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Palmtrio Investment Group, 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:

Sheri Couch  
Name of Person

Palmtrio Investment Group, LLC  
Firm/Company

P.O. Box 617107  
Address

Orlando, Florida 32861  
City/State and Zip Code

rsbulldogs@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sheri Couch at ( 407 ) 797-4922  
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/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED

11 APR -1 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

March 29, 2011

SHERI COUCH  
PALMTRIO INVESTMENT GROUP, LLC  
P O BOX 617107  
ORLANDO, FL 32861

SUBJECT: PALMTRIO INVESTMENT GROUP, LLC  
Ref. Number: L07000047385

We have received your document for PALMTRIO INVESTMENT GROUP, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$30.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton  
Regulatory Specialist II

Letter Number: 611A00007603

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

11 APR -1 AM 9:57

Palmtrio Investment Group, LLC

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

The Articles of Organization for this Limited Liability Company were filed on 05/04/2007 and assigned  
Florida document number L07000047385.

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 end with 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)**

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 street address*

\_\_\_\_\_, Florida

*City*

*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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Dianne Chaturvedi-Misra	7130 Shady Wood Lane Orlando, FL 32835	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	J. Chaturvedi-Misra	P.O. Box 617301 Orlando, FL 32861	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

11 APR - 1 AM 9:57

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

Dated March 21, 2011

*Sheri Couch, MGRM*  
 Signature of a member or authorized representative of a member

SHERI COUCH  
 Typed or printed name of signee