10700052829

(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



600320766266

11/16/18--01015--024 **60.00

2010 NOV 16 PH 1: 2:

n Bruce Dec 01 2013

COVER LETTER

	Registration Se Division of Cor					
CHID IEC		DLLECTION EURO DESIGN	L.L.C.			
SUBJEC	·	Name of Lim	ited Liability Company			
The enclo	osed Articles of	Amendment and fec(s) are sub	mitted for filing.			
Please ret	um all correspo	ndence concerning this matter	to the following:			
		RUSSELL COSOLITO				
		BARTS COLLECTION E	Name of Person URO DESIGN LLC			
		136 VIA SANTA CRUZ				
		JUPITER FL 33458	Address		2818 NOV	es rejor
City/State and Zip Code RCOSOLITO@GMAIL.COM						Dermi
		E-mail address: (to be used for future annual report notifica	ation)	Signal of Particular of Partic	i T
For furthe	er information c	oncerning this matter, please ca	all:			
RUSSEL	L COSOLITO		954 650-5108		r.v.	
****	Name o	f Person		elephone Number		
Enclosed	is a check for th	ne following amount:				
□ \$25.0	0 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee &. Certified Copy (additional copy is enclosed)	Certified (e of Status &	

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

TO Whom IT MAY CINCORN,

RUSSELL COSOLITO MGRM MAILTO 136 VIA SANTA CAUZ Supiner FL, 33458

Phone: 954-650-5108

& NAME CHANGE REQUEST

CUZRENT NAME. BARTS CONECTION EURO DESIGN LLC

Change TO - PAIMER PRESTON LLC

Check # 1076 Anion # 60.00

2811 NOV 16 PM 1: 2:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BARTS COLLECTION EURO DESIGN L.L.C.					
(Name of the Limited Liability Company as (A Florida Limited Liability)	it now appears on our records.) ty Company)				
The Articles of Organization for this Limited Liability Company were	filed on 05/17/2007	and assig	med		
Florida document number L07000052829					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liability company here:					
PALMER PRESTON LLC					
he new name must be distinguishable and contain the words "Limited Liability Co	ompany," the designation "LLC" or the a	abbreviation "L.L."	C."		
Enter new principal offices address, if applicable:					
					
Principal office address MUST BE A STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·	gnation "LLC" or the abbreviation "L.L.C." our records, enter the name of the new			
					
Enter new mailing address, if applicable:			_		
Mailing address MAY BE A POST OFFICE BOX)					
3. If amending the registered agent and/or registered office	address on our records, enter	the name of	the		
egistered agent and/or the new registered office address here:					
Name of New Registered Agent:		्रिः <mark>-</mark>	Paraer		
		-0	[7]		
New Registered Office Address:	F - F1 - 1				
	Enter Florida street address	O	• • •		
	Florida	-			

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

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>	Address	Type of Action
			Add
			Remove
			Change
			☐ Remove
			☐ Change
			Add
			□ Remove
			☐ Change
			Add
			Remove
			Add To
			☐ Remove
			Change
			Add
			□ Remove
			Change

		••					
M-10-10-10-10-10-10-10-10-10-10-10-10-10-	••						

					•		
		<u> </u>		<u>.</u>			
		,	· ·				
						28 1	-
				<u>.</u>	25 P	HG	eran Cum
					(5) <u>(5) (5) (5) (5) (5) (5) (5) (5) (5) (5) </u>	<u>6</u>	i i
						P#	
					17.3.4 13.4.1	2	
Tective date, if other than the date of filing: n effective date is listed, the date must be specific and cannot bete: If the date inserted in this block does not meet the cument's effective date on the Department of State's re-	applicabl	date of filing le statutory	or more than	(optio 90 days after rements, this	filing.) Pursuar	nt to 605.0 be listed)20 J a
record specifies a delayed effective date, b The 90th day after the record is filed.	out not a	an effecti	ve time,	at 12:01 a	i.m. on the	earlier	r o
ted NOVERBER 12 2018							
$\mathcal{P} \mathcal{N}$;						

Page 3 of 3

Filing Fee: \$25.00