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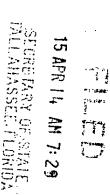
(Re	questor's Name)	
\(Ad	dress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
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J. SHIVETS APR 2 A THE

COVER LETTER

TO:	Registration Se Division of Cor			
SUBJE	PALMCC	ORP DEVELOPMENT	GROUP, LLC	
30131		Name of Lim	ited Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please	return all correspo	ndence concerning this matter	to the following:	
		GUSTAVO M. DERI	BEAUX	
			Name of Person	
		LAW OFFICES OF	GUSTAVO M. DERIBEAUX	, P.A.
			Firm/Company	
		4904 SW 72ND AVE	ENUE	
			Address	
		MIAMI, FL 33155		
			City/State and Zip Code	
		E-mail address: (to be used for future annual report notific	cation)
For fur	ther information co	oncerning this matter, please c	all:	
SALC	OME GONZAL	EZ	305 446-7990 E	EXT. 206
	Name of	Person	Area Code Daytime	Telephone Number
Enclose	ed is a check for th	e following amount:		
\$25	5.00 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PALMCORP DEVELOPMENT DEVELOPMENT, 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 D9/26/2008 Florida document number L08000091812	and assigned
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 abbre	viation "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 registered agent and/or the new registered office address here:	ੁ ਹ ਾ
Name of New Registered Agent:	3
New Registered Office Address:	f and control
Enter Florida street address	Tip Code
New Registered Agent's Signature, if changing Registered Agent:	(CD

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.

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = A	uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
· ———			Add
		·	□ Remove
MGRM	PALMCORP DEVELOPMENT GROUP, LLC	4904 SW 72ND AVENUE	
		MIAMI, FL 33155	Remove
<u>Msr.</u>	Gama Real Estate Holdings	LL 4904 Sm 72 Am	□ Add
		Miem P1 73155	□ Remove
Mr	Torca Real Estate Composation	n 4904 Sw 77 Au	Add
		Miani M 37155	Remove APR
			7: 2 Remove
			🗆 Add
			□ Remove
			La remov

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effective date must be specific, cannot date this document is filed by the Flo	ot be prior to date of receipt or filed date and cannot be more than 90 days a rida Department of State)	onal) after

Page 3 of 3

Filing Fee: \$25.00

