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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bı	usiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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FILED

09 MAY 13 PM 2: 13

SECRETARY OF STATE

J. BRYAN

MAY 1 4 2009

EXAMINER

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Palm P	Protection LLC	
5000001.	Name of Limi	ted Liability Company	
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	oondence concerning this matter	to the following:	
		Andrew Schmidt	
		Name of Person	
	F	Palm Protection LLC	
		Firm/Company	_
4440 Botanical Place Circle #402		75 G	
		Address	GR A T
		Naples, FL 34112	HASS
	<u> </u>	City/State and Zip Code	TARY OF TARSSEE, F
	F-mail address: ((chmidt26@gmail.com to be used for future annual report notification)	FES
For further information	concerning this matter, please of	•	O9 MAY 13 PH 2: 13 SECRETARY OF STATE TALLAHASSEE, FLORIDA
	ndrew Schmidt	at (_708) 595-	· · · · · · · · · · · · · · · · · · ·
Name	of Person	Area Code & Daytime Teleph	hone 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)
	LING ADDRESS: stration Section	STREET/COURIER AI Registration Section	DDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Palm Prote	
(<u>Name of the Limited Liability Compar</u> (A Florida Limited L	v as it now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on <u>January 22, 2009</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
The new name must be distinguishable and end with the words "Limit" L.L.C."	ted Liability Company," the designation "LLC" or the abbreviation
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 off registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	Free Florida street address
	Enter Florida street address
	, 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 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.

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				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
MGR	James M Bonfitto	4440 Botanical Place Circle Naples, FL 34112	☐ Add ☑ Remove	
MGR_	Andrew Schmidt	4440 Botanical Place Circle #402 Naples, FL 34112	✓ Add ☐ Remove	
			Add Remove	
			Add Remove	
			Add Remove	
			AddRemove	
D. If amen	ding any other information, enter	change(s) here: (Attach additional sheets, if necessa	nry.)	
			09.	
Dated	May 8 ,	2009 1 O S	FILE 1 09 MAY 13 PM SECRETARY OF S	
	Signature of a n	nember or authorized representative of a member	D 1 21 13 STATE FLORIDA	
	<u> </u>	Andrew Schmidt		

Page 2 of 2

Filing Fee: \$25.00