

L09000015968

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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09 MAR 23 PM 3:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

[Signature]
MAR 11 2009

J. BRYAN

MAR 24 2009

EXAMINER



FLORIDA DEPARTMENT OF STATE

Division of Corporations

March 11, 2009

KIN L. FONG
PALM LPS, LLC
123 N. CONGRESS AVE. SUITE 301
BOYNTON BEACH, FL 33426-4209

SUBJECT: PALM LPS, LLC
Ref. Number: L09000015968

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TALLAHASSEE, FLORIDA

We have received your document for PALM LPS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We need the complete form, we only got the 2nd page of application.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with 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) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 109A00008312

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Palm Ips, 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:

Kin L. Fong
(Name of Person)

Palm Ips, LLC
(Firm/Company)

P.O. Box 540374
(Address)

Greenacres, FL 33454
(City/State and Zip Code)

For further information concerning this matter, please call:

Kin L. Fong at _____
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee
<i>already paid</i> | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on Feb 17, 2009
Florida document number 209000015968

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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)

123 N. Congress Ave Suite 301
Boynton Beach, FL 33426-4209

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:

Kin L. Fong

New Registered Office Address:

123 N. Congress Ave. Suite 301
(Enter Florida street address)

Boynton Beach, Florida 33426-4209
(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.

[Signature]
(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	Pi Yen Liu	P.O. Box 540374 Greenacres, FL 33454	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Kin L. Fong	P.O. Box 540374 Greenacres, FL 33454	<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)

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TALLAHASSEE, FLORIDA

Dated 3-1-09

Pi Yen Liu
Signature of a member or authorized representative of a member

Pi Yen Liu
Typed or printed name of signee