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SECRETARY OF STATE
FLORIDA

M. THOMAS

MAR 2 6 2009

EXAMINER

COVER LETTER

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TO: Registration Section Division of Corporations
SUBJECT: PEPPER'S Palm Tree'S L.LC (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:
Keisha K. Henry (Name of Person)
Papper's Palm Tree's LLC (Firm/Company)
2260 nw 139th Street
For further information concerning this matter, please call:
For further information concerning this matter, please call:
KCISha HCDry at (646 356 - 6664) (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$ \$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ \$\ \text{Certified Copy} \\ \text{(additional copy is enclosed)}\$\$ \$= \text{certified Copy} \\ \text{(additional copy is enclosed)}\$\$ \$= \text{certified Copy} \\ \text{(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

Pepper's Pa	Interes L.L.C		
' (<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on o orida Limited Liability Company)	<u>ur records.</u>)	
The Articles of Organization for this Limited Liabi Florida document number <u>L090000</u>		and assigned	
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company here:		
The new name must be distinguishable and end with th "L.L.C."	e words "Limited Liability Company," th	e designation "LLC" of the abbresiation	
Enter new principal offices address, if applicable	e:	Ser or	
(Principal office address MUST BE A STREET A	(DDRESS)	FO E	
		ST ST	
		D	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO.	<u></u>		
B. If amending the registered agent and/or registered agent and/or the new registered office		cords, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	(Enter Florida street address)		
-	(City)	, 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 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:

-1 =(

MGR = Mana MGRM = Ma	iger naging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
<u>MCR</u> M	Keisha K Henry	824 NE 199 STREET APT 207 MICHAI FI.	Add Remove
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D. If amendin	ng any other information, enter chang	e(s) here: (Attach additional sheets, if necessar	O9 MAI
			MAR 25 AM 10: 23
Dated		r or authorized representative of a member	D
_	KEISHA H	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00