

LD9000048492

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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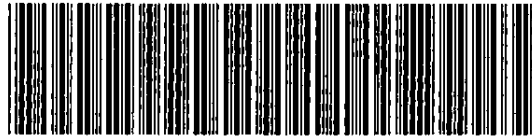
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Oregon

FEB 26 2010

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PALACE PAVERS AND POOL REMODEL⁶ LLC # LO9000048492
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:

OZEIAS MOREIRA DO NASCIMENTO

Name of Person

Firm/Company

571 E. Sample Rd

Address

POMPANO BEACH FL 33064

City/State and Zip Code

INFO@DOCUMENTOSGERAIS.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OZEIAS M DO NASCIMENTO

Name of Person

at (561)

767-2361

Area Code & Daytime Telephone 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)

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**

PALACE PAVERS AND POOL REMODEL, LLC

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

FILED
10 FEB 25 PM 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 5/18/2009 and assigned
Florida document number L09000048492.

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 abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

3919 CRYSTAL LAKE DR # 402

POMPAN0 BEACH FL 33064

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5200 N FEDERAL HWY

STE 2-1187

FT LAUDERDALE FL 33308

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:

OZEIAS MOREIRA DO NASCIMENTO

New Registered Office Address:

5200 N FEDERAL HWY STE 2-1187

Enter Florida street address

FT LAUDERDALE

, Florida

33308

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 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>
P	Ozeias Moreira do, Nascimento	5200 N FEDERAL HWY STE 2-1187 FT LAUDERDALE FL 33308	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
V	Aguinaldo Furini de, Oliveira	5200 N FEDERAL HWY STE 2-1187 FT LAUDERDALE FL 33308	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	DAHMS, NATHAN	3310 SE 6TH AVE FT LAUDERDALE FL 33316	<input type="checkbox"/> Add <input checked="" 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.)

Dated FEBRUARY 21st, 2010

X Nathan Dahms
Signature of a member or authorized representative of a member
Nathan Dahms
Typed or printed name of signee

FILED
10 FEB 25 PM 12:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA