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T. HAMPTON

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Palm Valley Enterprises, 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:
Roger S. Williams Name of Person
Palm Valley Enterprises, LLC
5300 Shad Road
Jacksonville, Fl 32257 City/State and Zip Code
Coger Charbinger sign, com E-mail address: (to be used for Juture annual report notification)
For further information concerning this matter, please call:
Roger S. Williams at (404) 910-10566 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$25.00 Filing Fee & \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee,
Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) 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

	prises. LLC For 5
(Name of the Limited Liability Comp (A Florida Limited	Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L09000115180</u> .	y were filed on 1-12-15 Sand assigned
This amendment is submitted to amend the following:	PH 12: 22 PH 12: 22
A. If amending name, enter the new name of the limited lial	
Same name	
The new name must be distinguishable and contain the words "Limited Liab	ility Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	5300 Shad Road
(Principal office address MUST BE A STREET ADDRESS)	Jacksonville, F1 32257
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	5300 Shad Road Jacksonville, Fl 32257
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here.	
Name of New Registered Agent: Roger	S. Williams
New Registered Office Address: 5300	Shad Road Enter Florida street address
Jacks	Sonville, Florida 32257
	•

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 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member Title Name | Address Type of Action Roger S. Williams 5300 Shad Boad MAdd Jacksonville, Fl 32257 Remove ☐ Change ☐ Remove _□ Change _□ Add ☐ Remove _□ Change _□ Add ☐ Remove ☐ Change Remove 5 Remove ☐ Change

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Note: If the date	if other than the date of f is listed, the date must be specific inserted in this block does retive date on the Department	not meet the applicable sta	f filing or more than 90 days tutory filing requirements	after filing.) Pursuar s, this date will not	nt to 605.020 be listed a
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	Signature	of a member or authorized re	presentative of a member	- SA	5
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Filing Fee: \$25.00