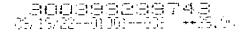
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Special Instructions to	Filing Officer:	





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SEGRETARY OF STATE TALLAHASSEE, FL

COVER LETTER

Division of Corpora				
SUBJECT: Philip	SANTANE Name of Limi	LL; PALLM LL ited Liability Company	-C	
The enclosed Articles of Amer	ndment and fee(s) are sub-	muted for filing.		
Please return all correspondence	ce concerning this matter t	to the following:		
_	Philip SA	Name of Person	PALLMUC	
.	Philip SANT	ANELLI PALLIN Firm/Company	1LLC	
-	12815 HAMP	NON LAKES CIRCL Address	-E	
		EACH FLORIDA City/State and Zip Code		
· ·	SANTAHE LA E-mail address: (t	o be used for future annual report notif	COM fication)	
For further information concer			2022 SEC TA	
PHILIP SAMI Name of Person	AMEILI PA	at (<u>56/</u>) <u>90/</u> - Area Code Daytimo	SECRETARY C TALLA IA.SS	STATES
Enclosed is a check for the following			ST/2:	
54 \$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 Corpo		Street Address: Registration Sec Division of Cor		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, Fl. 32303

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

- The Articles of Organization for this Limited Liability Company were filed on _ - Florida document number <u>L10000005641</u>. 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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC," 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 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: New Registered Office Address: Enter Florida street address Cin

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 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

<u>Title</u>	<u>Name</u>		Address	Type of Action
- MGR DIRECTOR) BRITTAM RAJOO. M	Y <u>Y COGNA</u> C, ARRERO,	5661 ROYAL PINE BLVD ORLANDO FLORIGH, 32807	% Add
-	, , , , ,	,		_ □Remove
				_ DChange
AMBR	SHEILI	A SCHWARTZ,	, 9SHEFFIELD A. W.P.B., FLORIGH, 33417	_ 2 {Add
				□Remove
				_ □Change
AM	CHRISTIA	~,D, FERRAR	A-559 NE 467H ST. BOCA RATON, FL, 33431	_ 🗆 Add
			SECRET	Remove 22 SE Changes
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