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DIVISION OF COLUMN 3: 40

O SIMMONS SEP 0.5 2017

COVER LETTER

TO:	Registration Division of C					
SUBJ	ECT:	FORTY	PALMS Name of Limite	d Liability Company		
The er	nclosed Articles	of Amendment and	fee(s) are submi	tted for filing.		
Please	return all corres	pondence concernir	g this matter to	the following:		
		<i>ī</i>	DAUL	L AJAM Name of Person	5	
				Firm/Company		
		<u> </u>	7290	33 RA S	ST.	
		V	(E120 [SEACH F City/State and Zip Code	(30	7966
		E-	mail address: (to	OAMS 102	Z @ BEUL report notificati	SOUTH, NET
For iu	rther information	n concerning this ma				
	PAUL	e of Person	DAMS	at (<u>77</u> 2) Area Code	321 Daytime Tel	ephone Number
Enclos	sed is a check for	r the following amo	ınt:			
\$2	5.00 Filing Fee	□ \$30.00 Filia Certificate	ng Fee & e of Status	S55.00 Filing Fee & Certified Copy (additional copy is end		☐ \$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

Name of the Limited Liability (A Florida	Company as it now appears on our records.) Limited Liability Company)
The Articles of Organization for this Limited Liability Co	ompany were filed on $FEBJJ_+JOIO$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	
The new name must be distinguishable and contain the words "Limit	ed 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 ADDR.	ESS) = = = = = = = = = = = = = = = = = =
Enter new mailing address, if applicable:	平平
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr	ered office address on our records, enter the name of the new ess here:
Name of New Registered Agent:	/
New Registered Office Address:	
	Enter Florida street address
	, Florida
	City Zip Code
New Registered Agent's Signature, if changing Registered	Agent:

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

<u>Title</u>	Name	Address	Type of Action
MGR	PAUL L ADAMS	7290 33RD ST	Add
		7290 33°D ST VERD BOCH, FL 329	26 □ Remove
		·	Change
			Remove
			Change
-			Regiove T
*****			Remove Change Change Change Remove
			Change
			Add
			Remove
			Change
			Add
			□ Remove
			Change

_	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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•	17 SEP -1 PH 3: 40 01 (15) 10 10 10 10 10 10 10 10 10 10 10 10 10
•	SEP -1 PH 3: 40
-	P. P.
• -	دب <u> </u>
-	CONTRACT CON
-	
F Fffect	ive date, if other than the date of filing: (optional)
(If an eff Note:	fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the nent's effective date on the Department of State's records.
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: 90th day after the record is filed.
Dated	AUGUST 30 2017.
	Signature of a member or authorized representative of a member
	OADDSTT PANAM C
	GARRETT PAIAMS Typed or primed name of signee

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Filing Fee: \$25.00