

41000035368

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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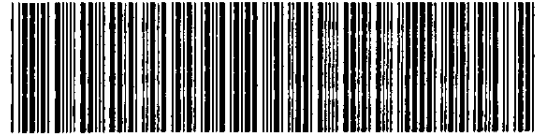
(Business Entity Name)

(Document Number)

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11 MAR 28 AM 4:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

D. BRUCE  
MAR 29 2011  
EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: USMAN PALMAIRE II 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:

**GHULAM H. USMAN**

Name of Person

**USMAN PALMAIRE II LLC**

Firm/Company

**555 S. POMPANO PARKWAY SUITE 5**

Address

**POMPANO BEACH, FL 33069**

City/State and Zip Code

**TG34@AOL.COM**

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

For further information concerning this matter, please call:

**TAMMY GRIFFIN**

Name of Person

at ( 954 )

**978-8400**

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

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TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**USMAN PALMAIRE II LLC**

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

The Articles of Organization for this Limited Liability Company were filed on MARCH 23, 2011 and assigned Florida document number L11000035368.

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)

USMAN PALMAIRE II LLC

1001 S. POWERLINE ROAD

POMPANO BEACH, FL 33069

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

USMAN PALMAIRE II LLC

555 S. POMPANO PARKWAY SUITE 5

POMPANO BEACH, FL 33069

**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:

GHULAM H. USMAN

New Registered Office Address:

555 S. POMPANO PARKWAY SUITE 5

*Enter Florida street address*

POMPANO BEACH

, Florida

33069

*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>
MGR	GHULAM H. USMAN	555 S. POMPANO PARKWAY SUITE 5 POMPANO BEACH, FL 33069	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	PALM AIRE ASSOCIATES	10231 BLUE HERON COVE WEST PALM BEACH, FL 33412	<input checked="" type="checkbox"/> Add <input 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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TALLAHASSEE, FLORIDA

Dated \_\_\_\_\_

  
Signature of a member or authorized representative of a member

TAMMY GRIFFIN

Typed or printed name of signee