

L12000085431

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

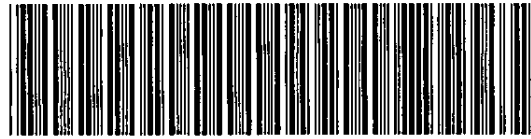
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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FILED  
2013 AUG 22 PM 12:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. Culligan AUG 23 2013

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: NEW PALMS HOLDINGS, 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:

**JUAN BROWN**

Name of Person

**NEW PALMS HOLDINGS, LLC**

Firm/Company

**444 BRICKELL AVE., SUITE 828**

Address

**MIAMI, FL 33131**

City/State and Zip Code

**fabio\_alfonso@yahoo.com**

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

For further information concerning this matter, please call:

**FABIO ALFONSO**

Name of Person

at ( **305** ) **416-3040**

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



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	FABIAN IRAOLA	444 BRICKELL AVE., SUITE 828	<input type="checkbox"/> Add
		MIAMI, FL 33131	<input checked="" type="checkbox"/> Remove
MGR	JUAN BROWN	444 BRICKELL AVE., SUITE 828	<input checked="" type="checkbox"/> Add
		MIAMI, FL 33131	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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			<input type="checkbox"/> Remove

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

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

Dated **AUGUST 16** 2013

Signature of the officer or secretary or representative of the officer

**FABIAN TRUJILLO**

Typed or printed name of officer

Page 3 of 3

Filing Fee: \$25.00

**FILED**  
**2013 AUG 22 PM 12:00**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**