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COVER LETTER

TO:

Registration Section
Division of Corporations

NEW PALMS HOLDINGS, LLC

SUBJECT:

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

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

FILED

2013 AUG 22 PH 12: 00

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

SECRETARY OF STATE TALLAHASSEE, FLORIDA

	PALMS HOLDINGS,		·
(Name of the Limited) (A)	Liability Company as it now app Florida Limited Liability Company	ears on our records.)	
The Articles of Organization for this Limited Lia Florida document number <u>L1200008543</u>		06/28/2012	and assigned
Tiorida document number	 .		
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liability company l	<u>iere</u> :	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Con	npany," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		
		<u>, , , , , , , , , , , , , , , , , , , </u>	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE E	<u>BOX)</u>		
B. If amending the registered agent and/o registered agent and/or the new registered off		n our records, <u>enter</u>	the name of the new
Name of New Registered Agent:	JUAN BROWN		
New Registered Office Address:	444 BRICKELL AVE., SUITE 828		
		Enter Florida street a	
	MIAM!	, Florida _	33131 Zip Code
New Registered Agent's Signature, if changing R	· ·		The Code

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>	Address	Type of Action
MGR	FABIAN IRAOLA	444 BRICKELL AVE., SUITE 828	Add
		MIAMI, FL 33131	Remove
MGR	JUAN BROWN	444 BRICKELL AVE., SUITE 828	 Add
		MIAMI, FL 33131	Remove
			Add Remove
			Add
			Add
			Remove
			Add
			Remove

D. 1f st	neading any other information, enter chargeds) here: fairtach additional street, (Federatury,)
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Filling Fee: \$25.00

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TALLAHASSEE, FLORIDA