212000138564

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DEC 1 3 2012 T. HAMPTON

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT:

PALMERS PROPERTIES 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:

JOHN DORAK, RTRP

Name of Person

COMPUKEEPER INC.

Firm/Company

2298 NW BOCA RATON BLVD SUITE 20

Address

BOCA RATON, FL 33431

City/State and Zip Code

DORAKJ@BELLSOUTH.NET

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

For further information concerning this matter, please call:

JOHN DORAK, RTRP

561, 368-7769

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)

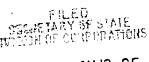
□\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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

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



12 DEC 12 AM 10: 35

PALMERS PROPERTIES LLC

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

(A Florida Limited Li	iability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L12000138564</u>	were filed on 10/31/2012	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	ility company here:	
The new name must be distinguishable and end with the words "Limit "L.L.C."	ted Liability Company," the designation "	LLC" or the abbreviation
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 off registered agent and/or the new registered office address here		the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street ad	dress
	, Florida	
	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>	Name	Address	Type of Action
MGR	JACQUES HORN	851 NE 69TH STREET	_ Add
		BOCA RATON, FL 33487	Remove
			_
			_ Add
			Remove
			_
			Remove
			Add Remove
			Add
			Remove
			Addi, Addi, Remove

. If amending any other information, e	nter change(s) here: (Attach additional sheets, if necessary.)
· · · · · · · · · · · · · · · · · · ·	
DECEMBER 10TH	2012
Si-	
Francois Soulier	of a member or authorized representative of a member
Francois Soulier	Typed or printed name of signee
	•
	Page 3 of 3

Filing Fee: \$25.00