

L13000034917

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

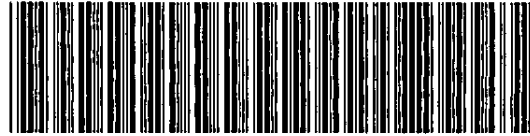
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **PALMER, PATRICK & ASSOCIATES, 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 SHIRAH**

Name of Person

**PALMER, PATRICK & ASSOICIATES, LLC**

Firm/Company

**407 CENTERPOINTE CIRCLE, STE 1603**

Address

**ALTAMONTE SPRINGS, FL 32701**

City/State and Zip Code

**ADMIN@PPAFLA.COM**

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

For further information concerning this matter, please call:

**JOHN SHIRAH**

Name of Person

**407 637-4209**

at ( )

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

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

**PALMER, PATRICK & ASSOCIATES, 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 3/7/2013  
Florida document number L13000034917

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2013 JUL 29 PM 1:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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)**

407 CENTERPOINTE CIRCLE

SUITE 1603

ALTAMONTE SPRINGS, FL 32730

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

**(Mailing address MAY BE A POST OFFICE BOX)**

PO BOX 162164

ALTAMONTE SPRINGS, FL 32716-2164

**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:

New Registered Office Address:

*Enter Florida street address*

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>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	KERI PALMER	407 CENTERPOINTE CIRCLE	<input checked="" type="checkbox"/> Add
		STE 1603	<input type="checkbox"/> Remove
		ALTAMONTE SPRINGS, FL 32730	
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
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TALLAHASSEE, FLORIDA  
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Dated **JULY 24**, **2013**

Signature of a member or authorized representative of a member

**JOHN SHIRAH**

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**

**FILED**  
**2013 JUL 29 PM 1:11**  
**CLERK OF STATE**  
**TALLAHASSEE, FLORIDA**