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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: TYPALM 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:
Charles Carroll Name of Person
TYPALM LLC Firm/Company
2295 S. Ocean Blvd., Apt. 801
Palm Beach, FL: 33480 City/State and Zip Code Carroll 75017 (a) Yahoo. Com E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Charles Carroll at (56) 585 - 4616 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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 OF

(Name of the Limited Liability Comp	pany as it now appears on our r	ecords.)
(Name of the Limited Liability Comp (A Florida Limited	Liability Company)	
The Articles of Organization for this Limited Liability Compan	y were filed on April	26,2013 and assigned
Florida document number <u>L 13000061551</u> .	•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lia	bility company here:	
The new name must be distinguishable and end with the words "Limited Lie	ability Company," the designation	1 "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>
		[294 Tri]
		27
Enter new mailing address, if applicable:		11
(Mailing address MAY BE A POST OFFICE BOX)		**
		<u> </u>
		18.2 (b) 1861 - Ch
B. If amending the registered agent and/or registered registered agent and/or the new registered office address he		
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street a	udras
	Enter r tortad street t	шигезз
<u></u>		_, 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 605, 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 Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGR			
		2295 S. Ocean Blvd., Apt 809 Palm Beach, FL 33480	Remove
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ffective date, if other the effective date must be specified the date this document is filed	han the date of filing: (optional ific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after by the Florida Department of State)
the date this document is filed	nan the date of filing:(optional ific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after by the Florida Department of State)
Effective date, if other the effective date must be specthe date this document is filed Dated	by the Florida Department of State)
the date this document is filed	nan the date of filing:

Page 3 of 3

Filing Fee: \$25.00