1300079662

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AUG 1 6 2013 J. BRYAN

COVER LETTER

TO: Registration Section Division of Corporatio	ns		
SUBJECT:	Palma Name of Limite	Truck IN ed Liability Company	ECHIESSEE RE
The enclosed Articles of Amenda	ment and fee(s) are subr	nitted for filing.	FLORE T. E
Please return all correspondence	concerning this matter t	o the following:	6m
		Manuel Paln Name of Person	na Svarez
and the second s	Pau	ma Truck Firm/Company	INC
	873	39 Robilina	<u>2d</u>
	Port	Richey Fl 346 City/State and Zip/Code	068_
	E-mail address: (to	be used for future annual report notification	n)
For further information concerni	ng this matter, please ca	all:	
Marily DA 6 Thame of Person	UIAL	at (727) 364 – 7 Area Code & Daytime Tel	906 ephone Number
Enclosed is a check for the follo	wing amount:		
	0.00 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 OF

Palma Truc	K INC	
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records ability Company)	<u>s.</u>)
The Articles of Organization for this Limited Liability Company (Florida document number <u>L1300079662</u> .	were filed on 06 03 20	13 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	·
The new name must be distinguishable and end with the words "Limit "L.L.C." Enter new principal offices address, if applicable:	ed Liability Company," the designat	ion "LLC" or the abbreviation
(Principal office address MUST BE A STREET ADDRESS)		5 5 FE
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	N/A	STATE A
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		nter the name of the new
Name of New Registered Agent: New Registered Office Address:	Enter Florida stre	et address
	, Florid	da 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records:</u>

MGR = Manager

MGRM = Managing Member **Type of Action** <u>Title</u> <u>Name</u> <u>Address</u> Λdd Remove A dd Remove Remove A dd Remove Add Remove Add Remove

If amendin	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	•
	
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	× III
_	Signature of a member or authorized representative of a member
	Manuel Valma Sugres
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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