

L130000131982

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

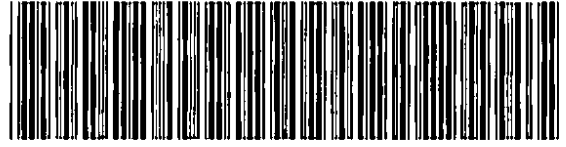
(Business Entity Name)

(Document Number)

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2022 NOV 28 AM 11:36
SECRET
TALLMADGE, OHIO

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Palmetto, Zeigler, Chamberlain & Perrella, PL
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:

Philip C. Palmetto
Name of Person
Palmetto, Zeigler, Chamberlain & Perrella, PL
Firm/Company
2901 W. Cypress Creek Road, Suite 120
Address
Fort Lauderdale, Florida 33309
City/State and Zip Code
mkline@pnmpllp.com
E-mail address: (to be used for future annual report notification)

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REGISTRATION SECTION
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Philip C. Palmetto 954 432-3100
Name of Person 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 Address:
Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
 AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Palmetto, Mollo, Molinaro & Passa	91 Broadhollow Road	<input type="checkbox"/> Add
		Melville, NY 11747	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGRM	Philip C. Palmetto	2901 W. Cypress Creek Road - Suite 120	<input checked="" type="checkbox"/> Add
		Fort Lauderdale, FL 33309	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Bart Cohen	2901 W. Cypress Creek Road - Suite 120	<input checked="" type="checkbox"/> Add
		Fort Lauderdale, FL 33309	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

7/28/01
 11:30
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Multiple horizontal lines for amending information.

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SECRET

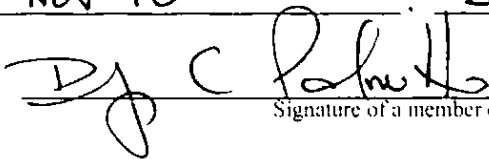
E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated NOV 18 2022



Signature of a member or authorized representative of a member

Philip C. Palmetto

Typed or printed name of signee