

L14 000063190

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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(((H18000246098 3)))



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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ROSSWAY SWAN TIERNEY BARRY LACEY & OLIVER, P.L.
Account Number : I20050000159
Phone : (772)231-4440
Fax Number : (772)231-4430

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: kbarry@rosswayswan.com

2018 AUG 22 AM 9:00

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PALMER PALMS, LLC**

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

T. CLINE

AUG 23 2018

EXAMINER
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COVER LETTER (((H18000246098 3)))

TO: Registration Section
Division of Corporations

SUBJECT: Palmer Palms, 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:

Kevin M. Barry

Name of Person

Rossway Swan Tiemey Barry Lacey & Oliver, P.L.

Firm/Company

2101 Indian River Blvd., Suite 200

Address

Vero Beach, FL 32980

City/State and Zip Code

kbarry@rosswayswan.com

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

2016 AUG 22 AM 9:00

For further information concerning this matter, please call:

Kevin M. Barry

at 772 231-4440
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

(((H18000246098 3)))

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

Palmer Palms, 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 April 17, 2014 and assigned
Florida document number L14000063190.

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 contain 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)

225
101
22
AM
0000

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

City, Florida 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
(((H18000246098 3)))

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

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MGR - Manager

AMBR - Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Lori Ann Shay	4 Palmer Drive	<input checked="" type="checkbox"/> Add
		Sebastian, FL 32958	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

(((H18000246098 3)))

2018 AUG 22 AM 9:01

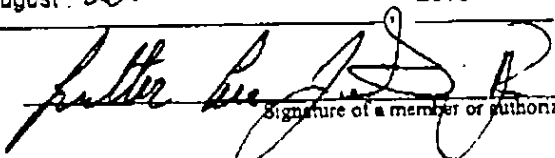
E. Effective date, if other than the date of filing: _____ (optional)

(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 August 22 2018



Signature of a member or authorized representative of a member

Luther L. Fitch, Jr., Manager

Typed or printed name of signee

(((H18000246098 3)))