L14000067582

(Re	questor's Name)	
(Ad	dress)	
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COVER LETTER

TO:

Registration Section 'Division of Corporations

SUBJECT:

PALM HEALTH RESOURCES 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:

LAURYN CHARLES

Name of Person

ACCOUNTABLE FINANCIAL

Firm/Company

625 SE 10TH STREET SUITE 2

Address

DEERFIELD BEACH, FL 33441

City/State and Zip Code

LCHARLES@AFSGCONSULTING.COM

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

For further information concerning this matter, please call:

LAURYN CHARLES

ູ, 954 , 933

Name of Person

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PALM HEALTH RESOURCES 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 L	iability Company	were filed on APRIL 25, 2014	and assigned	
Florida document number L14000067582	•			
This amendment is submitted to amend the following	lowing:			
A. If amending name, enter the new name of	f the limited liab	pility company here:		
PALM CAREERS LLC				
The new name must be distinguishable and end with the	words "Limited Lia	bility 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)		N/A		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		N/A		
B. If amending the registered agent and registered agent and/or the new registered o			ter the name of the new	
Name of New Registered Agent.			Maria North	
New Registered Office Address:	N/A N/A	Enter Florida street address , Florida	STOR PH 121	
		City	Zip Code	
New Registered Agent's Signature, if changing	Registered Agent	:	5 7 7 P	

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, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			
		<u> </u>	Add
			□ Remove
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N/A	
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fective date must be specific, cannot be prior to date of receipt or filed date and ste this document is filed by the Florida Department of State) 3 JULY 16 2014	cannot be more than 90 days after
tive date, if other than the date of filing: fective date must be specific, cannot be prior to date of receipt or filed date and ate this document is filed by the Florida Department of State) JULY 16 Signature of a member or authorized representation of the prior to date of receipt or filed date and ate this document is filed by the Florida Department of State)	cannot be more than 90 days after

Page 3 of 3

Filing Fee: \$25.00

STANDARY PH 3: 17