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#### **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT:

# PALOMEQUE SERVICES 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:

## MATILDE PALOMEQUE

Name of Person

# PALOMEQUE SERVICES LLC

Firm/Company

137 NE 69 ST

Address

# FORT LAUDERFDALE, FL 33309

City/State and Zip Code

## mpalomeque@hotmail.com

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

For further information concerning this matter, please call:

## MATILDE PALOMEQUE

<sub>a</sub>, 954, 909-2150

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

PALOMEQUE SERVICES LLC	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	
04/30/2014	

The Articles of Organization for this Limited Liab	oility Company	were filed on 04/30	/2014	and as	ssigned
Florida document number L14000069813			TALE	ġ 🚎	
This amendment is submitted to amend the follow	ing:		ÄHAS	AUG I	
A. If amending name, enter the new name of t	he limited liabi	lity company here:	20 EE - 20 EE	5 PH	m
The new name must be distinguishable and end with the wo	ords "Limited Liabi	lity Company," the design	nation "LLC" or th	reviation '	·II.O.,
Enter new principal offices address, if applicab	ole:	4309 NW 55 ST	A	າ່ ທີ່ <b>ທ</b> າ	
(Principal office address MUST BE A STREET ADDRESS)		FORT LAUDERDALE, FL 33319			
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		4309 NW 55 ST FORT LAUDERDALE, FL 33319			
B. If amending the registered agent and/or registered agent and/or the new registered office	ce address here	<b>:</b>		ne name	of the new
Name of New Registered Agent:	PALOMEQUE MORALES MATILDE				
New Registered Office Address:	4309 NW 55 ST  Enter Florida street address				
	FLRT LAUDERDALE , Florida 33319				
		City		Zip Code	2

### 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

	the Managers or Authorized Member <u>Member being added or removed from</u>	on our records, <u>enter the title, name, and add</u> our records:	ress of each Manager or
MGR = M			
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	PALOMEQUE MORALES MATILDE	4309 NW 55 ST	<b>=</b> Add
		FORT LAUDERDALE, FL 33	3319 □ Remove
MGR	PALOMEQUE MATILDE	137 NE 69 ST	
	***************************************	FLRT LAUDERDALE, FL 33	3309 ■ Remove
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D.	If amending any other information, enter cha	ange(s) here	e: (Attach additional sheets, if necessary.)
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E.	Effective date, if other than the date of filing. (The effective date must be specific, cannot be prior to date the date this document is filed by the Florida Department	of receipt or f	led date and cannot be more than 90 days after
	Dated 08/12,	2014	<u> </u>
			orized representative of a member
	MATILDE PALOMEQ	<u>UE M</u> O	RALES
	<u> </u>	Eyped or printe	ed name of signee

Page 3 of 3

Filing Fee: \$25.00

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