

L14000140189

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

NOV 04 2014  
D. BRUCE

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Palomino Auto 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:

FREDDY T PALOMINO  
Name of Person

\_\_\_\_\_  
Firm/Company

9016 WATER TUPelo RD.  
Address

Font MYERS. FL. 33912  
City/State and Zip Code

FREDDYPALOMINO255@HOTMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

FREDDY T PALOMINO at (239) 223-2341  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**TO  
ARTICLES OF ORGANIZATION  
OF**

Palomino Auto 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 09-04-2014 and assigned Florida document number L14000140189

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Palomino Auto LLC.

The new name must be distinguishable and end with 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)

9016 WATER TUPPELO RD.  
Fort MYERS Florida  
33912

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

Florida

City

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

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Authorized Member 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>
MANAGER.	HERBY PALOMINO	9016 WATER TUPELO RD	<input checked="" type="checkbox"/> Add
		Font MYERS FL. 33912	<input type="checkbox"/> Remove
MANAGER	EDENNY T PALOMINO	9016 WATER TUPELO RD	<input type="checkbox"/> Add
		Font MYERS FL. 33912	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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TITLE NAME CHANGE.  
FROM V. PR. TO MGR = MANAGER

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**  
(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 10-29-2014, \_\_\_\_\_.

  
Signature of a member or authorized representative of a member  
EUSEBIO T PALERMO  
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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