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(((H19000211787 3)))



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

From:
Account Name : PRIME ACCOUNTING & CONSULTANCY LLC
Account Number : I20180000090
Phone : (407)232-6777
Fax Number : (407)710-0533

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**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
PALM 17 STREET LLC**

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

H190002117873

PALM 17 STREET LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

19 JUL 12 PM 3:30
FILED

The Articles of Organization for this Limited Liability Company were filed on L14000177096 and assigned
Florida document number 11/14/2014.

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:

7345 W. SAND LAKE RD. STE 226, ORLANDO, FL 32819

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

7345 W. SAND LAKE RD. STE 226, ORLANDO, FL 32819

(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:

PRIME ACCOUNTING

New Registered Office Address:

7345 W. SAND LAKE RD. STE 226

Enter Florida street address

ORLANDO

City

Florida 32819

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

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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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<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
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_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

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 D. To supplement any other information, enter changes here: (Attach additional sheets, if necessary.) H190002117873

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