

L16000114506

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. SCOTT

DEC 7 2016

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PALMER TELECOM 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:

Albento PALMER

Name of Person

Firm/Company

1165 LAKE POINTE LN

Address

PLANTATION, Florida, 33322.

City/State and Zip Code

PALMER.CUB@GMAIL.COM

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

For further information concerning this matter, please call:

Albento PALMER

Name of Person

at (786)

Area Code

448 2744.

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

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16 DEC -5 PM 3:42
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TALLAHASSEE, FLORIDA

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

PALMER TELECOM 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 06/14/2016 and assigned Florida document number 216000114506

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)

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:

1165 LAKE POINTE LN

Enter Florida street address

PLANTATION

City

Florida 33322

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
MGR	ALBERTO A PALMA BENITEZ	-7 REMOVE SUFFIX (SR)	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
		1165 LAKE POINTE LN	<input checked="" type="checkbox"/> Change
		PLANTATION, FL, 33322	<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

REMOVE SUFFIX (SR) FOR REGISTERED AGENT AND
AUTHORIZED PERSON.

*SEE NOTES ON THE LAST PAGE.

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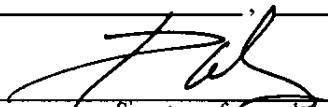
E. Effective date, if other than the date of filing: _____ (optional)

(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 _____



Signature of a member or authorized representative of a member

ALBERTO A PALMA BENITEZ

Typed or printed name of signee

Detail by Entity Name

Florida Limited Liability Company
PALMER TELECOM LLC

Filing Information

Document Number L16000114506
FEI/EIN Number 81-2968612
Date Filed 06/14/2016
Effective Date 06/14/2016
State FL
Status ACTIVE

Principal Address

1165 LAKEPOINTE LN
PLANTATION, FL 33322

Changed: 11/21/2016

Mailing Address

1165 LAKEPOINTE LN
PLANTATION, FL 33322

Changed: 11/21/2016

Registered Agent Name & Address

PALMER BENITEZ, ALBERTO A. (SR)
7081 NW 16 ST
B102
PLANTATION, FL 33313

→ REMOVE.
change to

1165 LAKEPOINTE LN
PLANTATION, FL, 33322.

Authorized Person(s) Detail**Name & Address**

Title MGR

PALMER BENITEZ, ALBERTO A. (SR)
7081 NW 16 ST
PLANTATION, FL 33313

→ REMOVE
change to

1165 LAKEPOINTE LN
PLANTATION, FL, 33322.

Annual Reports

No Annual Reports Filed

Document Images

06/14/2016 - Florida Limited Liability [View image in PDF format](#)

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