

217000016313

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Wrong Form

Office Use Only



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2018 SEP 14 PM 2:39
SECRETARY OF STATE
TAMARA SEFTON

FILED

M. MILLIGAN
SEP 15 2018



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 5, 2018

PALMER COMMERCIAL PROPERTIES, LLC
ATTN: BARBARA PALMER
5652 MARQUESAS CIR
SARASOTA, FL 34233

SUBJECT: PALMER COMMERCIAL PROPERTIES, LLC
Ref. Number: L17000016313

We have received your document for PALMER COMMERCIAL PROPERTIES, LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Limited Partnership, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Michelle Milligan
Senior Section Administrator

Letter Number: 918A00018329

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Palmer Commercial Properties, 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:

Barbara Palmer

Name of Person

Palmer Commercial Properties, LLC

Firm/Company

5652 Marquesas Cir

Address

Sarasota, FL 34233

City/State and Zip Code

barb@palmeraccountinggroup.com

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

For further information concerning this matter, please call:

Barbara Palmer

941

9224744

at (_____) _____

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

2016 SEP 14 AM 10:30

RECEIVED

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

Palmer Commercial Properties, 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 1/20/2017 and assigned

Florida document number L17000016313

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:

Enter Florida street address

_____, Florida _____
City 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>
MBR	Catherine Palmer	5652 Marquesas Circle	<input checked="" type="checkbox"/> Add
		Sarasota, FL 34233	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MBR	Alison Palmer	5652 Marquesas Circle	<input checked="" type="checkbox"/> Add
		Sarasota, FL 34233	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Brian Palmer	5652 Marquesas Circle	<input type="checkbox"/> Add
		Sarasota, FL 34233	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
AMBR	Barbara Palmer	5652 Marquesas Circle	<input type="checkbox"/> Add
		Sarasota, FL 34233	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

[illegible]

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

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.

Dated September 10, 2018

Barbara Palmer, AMBR

Filing Fee: \$25.00

FILED
27th SEP 14 PM 2:39
SECRETARY OF STATE
WASHINGTON, D.C.