

L17 000 03443P

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

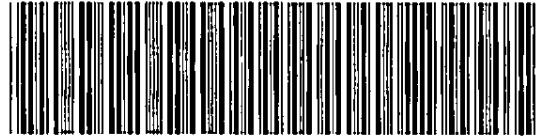
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500306998265

12/29/17--01031--001 **25.00

17 DEC 29 AM 7:07
CLERK OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Palisades 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:

Charles G. Hailbert III
Name of Person

Palisades LLC
Firm/Company

506 LEGENDS TRAIL
Address

Enterprise AL 36330
City/State and Zip Code

ChuckC penhandle pump. com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Charles G. Hailbert III at (713) 205-8055
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

No \$

2017 DEC - 8 AM 9:45
MAIL ROOM

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

Palisades 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 02/13/2017 and assigned
Florida document number L17000034438

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)

4650 CHESTNUT RD

Molina, FL 32577

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

506 LEGENDS TRAIL

ENTERPRISE AL 36330

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:

Charles G. Halbert III

New Registered Office Address:

4824 E SPENCER FIELD RD

Enter Florida street address

PACE

City

Florida

32571

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>
AMBR	Jaime Castillo	502 Tartan Way	<input checked="" type="checkbox"/> Add
		Enterprise AL 36330	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Fidel Castillo	504 Legends Trail	<input checked="" type="checkbox"/> Add
		Enterprise AL 36330	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	Jimmie Demetruilin	6881 County Rd. 708	<input checked="" type="checkbox"/> Add
		Enterprise AL 36330	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Eyleen P. Hallbert	506 LEGENDS TRAIL	<input type="checkbox"/> Add
		ENTERPRISE AL 36330	<input checked="" 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
			<input type="checkbox"/> Change

17 DEC 29 AM 7:07
SECURITY OF S. AIR
MAIL MESSAGES FLORIDA

17 DEC 29 AM 7:07
SIOUX FALLS SD 5 AIL
FBI MINNAPOLIS FLORIDA

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 December 07, 2017

Signature of a member or authorized representative of a n

CHARLES G. HALBERT III
Typed or printed name of signer