

L17000046596

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

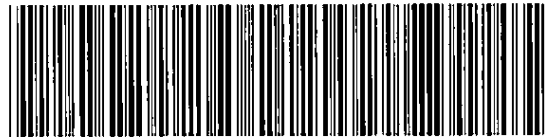
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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MAY 14 2018

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 MAY 14 AM 8:20

N COOPER

MAY 17 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Palm Liquors 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:

RASHAAN SALAAM
Name of Person

Palm Liquors LLC
Firm/Company

2201 Palm Ave #107
Address

Miramar FL 33025
City/State and Zip Code

rsalaam@hotmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RASHAAN SALAAM at (954) 534-4904
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

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

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

Palm Liquors 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 02/28/17 and assigned
Florida document number L17000046596

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)

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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

City

Florida

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	Wayne Diaz	18616 NW 45 Ave	<input type="checkbox"/> Add
		Miami Gardens FL	<input checked="" type="checkbox"/> Remove ✓
		33055	<input type="checkbox"/> Change
AMBR	Portia LaFond	9630 Boulder St	<input type="checkbox"/> Add
		Miramar FL 33025	<input checked="" type="checkbox"/> Remove ✓
			<input type="checkbox"/> Change
MGR	Dawn Diaz	3090 Palm Trace Landings Dr	<input checked="" type="checkbox"/> Add ✓
		Apt 419	<input type="checkbox"/> Remove
		Davie FL 33314	<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
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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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.

(b) The 90th day after the record is filed.

Dated 5/10/2018, 2018

Signature of a member or authorized representative of a member

RASHAAN SALAM
Typed or printed name of signee



May 10, 2018 11:01

Page: 1

Receipt #: 0670250588

MasterCard #: XXXXXXXXXXXX0609

2018/05/10 10:58

Qty	Description	Amount
3	PC Basic Station Time/Minute	1.05
6	Computer B&W Prints Letter/Legal	3.54
SubTotal		4.59
Taxes		0.28
Total		4.87

The Cardholder agrees to pay the Issuer of the charge card in accordance with the agreement between the Issuer and the Cardholder.

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Pembroke Pines, FL 33024
(954) 438-0405
www.FedExOffice.com

Tell us how we're doing and receive
5% off your next print order
fedex.com/welisten or 1-800-398-0242
Offer Code: _____ Offer expires 06/30/2018

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photo-quality posters, yard signs,
auto magnets and more.

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