## U1100055294

(Re	equestor's Name)	
(Ac	ldress)	
. (Ac	ddress)	
(Ci	ty/State/Zip/Phone	· #)
PICK-UP	(Address)  (Address)  (City/State/Zip/Phone #)  WAIT MAIL  (Business Entity Name)  Certificates of Status  to Filing Officer:	
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
		,
Sign		
	Office Use Onl	v



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FILED 2011 APR 25 PH 2: 05 SECRETARY OF STATE

K. SALY APR 2 7 2017



April 13, 2017

ROBERT P. MILLER 105 EAST ROBINSON ST, STE. 300 ORLANDO, FL 32801

SUBJECT: PALMETTO PROPERTY PARTNERS LLC

Ref. Number: L17000055294

We have received your document for PALMETTO PROPERTY PARTNERS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

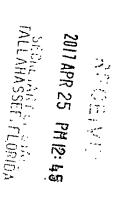
Section 605.0203(1), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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.

Karen A Saly Regulatory Specialist II

Letter Number: 617A00007230



## ... COVER LETTER 🚒

Divisio	on of Corpor	rations		
SUBJECT:	Palmet	to Property	Partners LLC	
		Name of	Limited Liability Company	
The enclosed A	rticles of Am	endment and fee(s) are	submitted for filing.	
Please return all	l corresponde	nce concerning this mat	tter to the following:	
		Robert P.	Miller	
			Name of Person	
		· · · · · ·	Firm/Company	<u> </u>
		105 East R	obinson Street, S	uite 300
			Address	
		Orlando, F	lorida 32801	
	•		City/State and Zip Code	
		ofjassoc@b	ellsouth.net	
	_	E-mail addres	ss: (to be used for future annual rep	ort notification)
For further infor	rmation conce	erning this matter, pleas	e call:	
Robert	P. Mil:	ler	at ( 407 ) 257	-1749
	Name of Per	son	Area Code	-1749 Daytime Telephone Number
Enclosed is a ch	eck for the fo	llowing amount:		
\$25.00 Filin	ng Fee [	330.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclose	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

**Registration Section** 

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

ZOITAPR 25 PM 2: 06

TALLAHASSEE, FLORIS

Zip Code

Palmetto Property Partners 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 \_ 03/09/2017 Florida document number <u>L17000055294</u> 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

## 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.

City

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>	Address	Type of Action
MGR	Robert P. Miller	105 East Robinson Street	Add
		Suite 300	<b>E</b> XRemove
		Orlando, Florida 32801	Change
MGR	Nancy P. Juarez	105 East Robinson Street	Add
		Suite 300	<b>ZX</b> Remove
		Orlando, Florida 32801	☐ Change
MGR	Oscar F. Juarez	105 East Robinson Street	<u></u> <del>∏</del> yAdd
		Suite 300	☐ Remove
		Orlando, Florida 32801	Change
			Add
			Remove
		<u>-</u>	□ Change
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effective date te: If the date	if other than the distinct is listed, the date must e inserted in this bloctive date on the De	be specific and ca ock does not mee	annot be prior to et the applicat	date of filing or	more than 90 day	(optional) rs after filing. ts, this date	) Pursuant t	o 605.020 e listed as
record spe he 90th da	cifies a delayed By after the reco	effective dat ord is filed.	te, but not	an effective	time, at 12	:01 a.m.	on the e	arlier o
	11 6, 2017	-AA.	- M	-/				
ed Apri		Signature of a me	" HAMI	Mr	e of a member			

Page 3 of 3

Filing Fee: \$25.00