

L17CCC167 ISS

(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



200336770952

11/18/19--01026--025 **60.00

RECEIVED
19 NOV 18 12:10:54
MAIL ROOM

DEC 1 0 2019
T SCHROEDER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PALMAR 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:

MARIA PALMAR
Name of Person

PALMAR PROPERTIES LLC.
Firm/Company

136 TUTTILL STREET
Address

PORT JEFFERSON, NY 11777
City/State and Zip Code

202 E MAIN STREET PORT JEFFERSON, NY 11777
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARIA PALMAR at (631) 7742264
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

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

PALMAR 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 8/7/2017 and assigned Florida document number L17000167188

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 "LLC."

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

Title	Name	Address	Type of Action
MGR	Svitlana Khrantsova	6648 SW 62nd Terrace	<input checked="" type="checkbox"/> Add
		South Miami FL	<input type="checkbox"/> Remove
		33143	<input type="checkbox"/> Change
MGR	Donna B Dillon	14852 68th DRIVE North	<input type="checkbox"/> Add
		Palm Beach Gardens, FL	<input checked="" type="checkbox"/> Remove
		33418	<input type="checkbox"/> Change
AMBR	Margarita Ferro	6648 SW 62nd Terrace	<input checked="" type="checkbox"/> Add
		South Miami FL 33143	<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

19 NOV 18 4:10 PM
110516

10

Figure 1 is a schematic representation of the experimental design. It consists of two vertical timelines. The left timeline is labeled 'Pretest' and includes 'Pretest 1' and 'Pretest 2'. The right timeline is labeled 'Main Study' and includes 'Main Study 1' and 'Main Study 2'. Arrows indicate the flow of the study design.

19 NOV 18 11:10:54

①

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 November 12, 2019.

Signature of a member or authorized representative of a member

MARIA S. PALMAR
Typed or printed name of signee