# L17000183895

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March 11, 2019

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Ref: Palm Arts And Photo, LLC
Document Number L17000183895

### Dear Administrator:

Enclosed you will find articles of amendment forms requesting an amendment to the articles of organization for Palm Arts And Photo, LEC. I am requesting a name change for the LEC to Julie C. Fetzer Art, LLC.

If you have any questions, please contact me at 904-403-2560.

My return address is as follows:

Julie C. Fetzer 11850 Mandarin Forest Drive Jacksonville, FL 32223

Thank you for your assistance with this change.

Regards,

Julie C. Fetzer

JulieCFetzer@gmail.com

## **COVER LETTER**

SUBJECT: Palm Arts And Photo, LLC Name of Limited Liability Company  The enclosed Articles of Amendment and fect(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:    Julie C Fetzer	Division of Corp				
Please return all correspondence concerning this matter to the following:    Julie C Fetzer   Name of Person	SUBJECT: Pa	m Arts An	CL Photo, LLC ited Liability Company		
Firm/Company  11850 Mandarin Forest Drive  Address  Jack Sonville FL 3223  City/State and Zip Code  Juliec Fetzer Gamail com  E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:  Julie C Fetzer at (904) 403 - 2560  Name of Person at (904) 403 - 2560  Daytime Telephone Number  Enclosed is a check for the following amount:  Enclosed is a check for the following amount:  Certificate of Status  Certificate copy (certificate of Status & Certified Copy (certificate of Status & Certified Copy)  (additional copy) is enclosed)	The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.		
Firm Company  1850 Mandarin Forest Drive  Address  Jack Sonville FL 32223  City/State and Zip Code  Julie C Fetzer at (904) 403 - 2560  Name of Person  Enclosed is a check for the following amount:  S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & Certificate of Status & Certificate Copy (additional copy) sendosed)  Certificate of Status & Certificat Copy  (additional copy) sendosed)	Please return all correspon	ndence concerning this matter	to the following:		
Address  Jack Sonville FL 3223  City/State and Zip Code  Julie C Fetzer at (904) 403 - 2560  Name of Person  Enclosed is a check for the following amount:  To \$25.00 Filing Fee Solution Status Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)  City/State and Zip Code  Julie C Fetzer at (904) 403 - 2560  Daytime Telephone Number		Julie	C Fetzer Name of Person		
Address    Jack Sonville   FL 3223   Floridate and Zip Code   Julie C fetzer @ amail. Com		11850	M	prest Drive n	FILET
E-mail address: (to be used for future ambual report notification)  For further information concerning this matter, please call:    Julie C Fetzer		Jackso	inville FL 3	32223	
Talie C Fetzer  Name of Person  at (904) 403 - 2560  Area Code Daytime Telephone Number  Enclosed is a check for the following amount:  S25.00 Filing Fee S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)  Certified Copy  (additional copy is enclosed)		<u>Juliect</u> E-mail address: (	to be used for future annual report notif	COM fication)	
Enclosed is a check for the following amount:  Enclosed is a check for the following amount:  S25.00 Filing Fee S30.00 Filing Fee S Certificate of Status Certified Copy Certificate of Status Certified Copy Certified Copy Certified Copy Certified Copy Certified Copy	For further information co	oncerning this matter, please c	all:		
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee \& \Bigcup \$55.00 Filing Fee \& \Bigcup \$60.00 Filing Fee, Certificate of Status \& Certified Copy (additional copy is enclosed) \Bigcup Certified Copy	Julie C F Name of	etzer	at (904) 403 Area Code Daytime	<del></del>	
Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy	/	e following amount:			
	\$25.00 Filing Fee		Certified Copy	Certificate of Status & Certified Copy	

### 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 Arts And	Photo, LLC			
( <u>Name of the Limited Liability</u> (A Florida	Company as it now appears ( Limited Liability Company)	on our records.)		
		8/28/201	7 and ass	igned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ed liability company here	<u>:</u> :		
Tulie C Fetzer A	ted Liability Company," the desi	gnation "LLC" or the a	abbreviation "L.I	C."
Enter new principal offices address, if applicable:				
Principal office address MUST BE A STREET ADDR	ESS)	<u> </u>	2816	<del>- :</del>
			. J	•
Enter new mailing address, if applicable:		;, , , , ,	5	
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited  Tule Fetzer Ay The new name must be distinguishable and contain the words "Limited  Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRES)  Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered registered agent and/or the new registered office address  Name of New Registered Agent:				ري. 
	· · · · · · · · · · · · · · · · · · ·		<u> </u>	
		our records, <u>enter</u>		of the new
Name of New Registered Agent:				<del></del>
New Registered Office Address:				<u> </u>
	Enter Florida	a street address		
(Name of the Limited Liability Company of A Florida Limited Liability Company of A Florida Limited Liability Company of Price and A Florida document number	City	Florida _	Zip Code	
	CIŲ		гір Соае	

### 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:

ı

MGR = AMBR =	Manager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	W. Bryant Frasier	11850 Mandarin Forest Dr Jacksonville FL 322	Add
	ţ	Jacksonville FL 322	23 □ Remove
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cument's effective date on the Departme			ry ming requiremen	its, this date w	in not be nat	ıcu
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record specifies a delayed effec The 90th day after the record is		out not an effec	tive time, at 12	cora.m. o	n the earli	ıer
ted 13 March	2019	·				
ted 13 Marh  Signature			entative of a member			

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