## 1180000 67702

(Re	equestor's Name)	-
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## **COVER LETTER**

TO:

Registration Section Division of Corporations

Tallahassee, FL 32314

PALMERI SUBJECT:	ORIHRE LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sub	unitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	MyCorporation Business 5	Services, Inc.	
		Name of Person	
		Firm/Company	
	26025 Mureau Road, Suite	e 120	
		Address	
	Calabasas, CA 91302		
		City/State and Zip Code	
	W mail address of	to be used for future annual report no	oli Santan V
For further information c	oncerning this matter, please c		(meanon)
Processing Deptarment		877 692-6772	
Name o	f Person	at () Area Code Daytii	me Telephone Number
Enclosed is a check for t	he 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 Addres		Street Address: Registration S	oction
Registration : Division of C		Division of Co	
P.O. Box 632		The Centre of	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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

## PALMERFORHIRE LLC

	O	Г		
		RHIRE LLC		
( <u>Name of the Limited Liab</u> (A Flori	i <mark>lity Compa</mark> ida Limited I	ny as it now appears on ou liability Company)	r records.)	
The Articles of Organization for this Limited Liability Florida document number <u>L18000067702</u>	Company	were filed on $03/15/2$	ol8 and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the li	mited liabi	lity company here:		
The new name must be distinguishable and contain the words "L	imited Liabil	ity Company," the designation	on "LLC" or the abbreviation "L.L.C."	
Enter new principal offices address, if applicable:		4128 NW 59th Ave		
Principal office address MUST BE A STREET ADI	ORESS)	Gainesville, FL 32653		
		<del></del>		
Enter new mailing address, if applicable:		4128 NW 59th Ave		
(Mailing address MAY BE A POST OFFICE BOX)		Gainesville, FL 32653		
3. If amending the registered agent and/or register gent and/or the new registered office address here		ddress on our records.	, enter the name of the new registere	
	•			
Name of New Registered Agent:				
New Registered Office Address: 412	28 NW 59			
Coi	Enter Florida street address  Gainesville  Florida 32653			
Gai	ilesville	City	, Florida 32653 Zip Code	
lew Registered Agent's Signature, if changing Register	red Agent:	•	.,	
hereby accept the appointment as registered agen provisions of all statutes relative to the proper and accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this change	complete agent as p red office	performance of my du provided for in Chapter	ties, and I am familiar with and r 605, F.S. Or, if this document is	

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>	Name	Address	Type of Action
AMBR	Christopher Palmer	4128 NW 59th Ave	
		Gainesville, FL 32653	
			■Change
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		<del></del>	Remove
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fective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be price  ote: If the date inserted in this block does not meet the application of the date on the Department of State's records	cable statutory filing requirements, this date will not be list	
ecord specifies a delayed effective date, but not an effective is filed.	ime, at 12:01 a.m. on the earlier of: (b) The 90th day afte	r the
ne 10, 2020	·	
Signature of a member or auth	orized representative of a member	

Typed or printed name of signee