## 118000/03262

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## **COVER LETTER**

TO:	Registration Sectorial Division of Corp					
SUBJEC	CT: PAL	MAS (		2 Cd Liability Company	PUICES	SLLC
The encl	losed Articles of A	mendment and f	ee(s) are subm	itted for filing.		
Please re	eturn all correspon	dence concerning	g this matter to	the following:		
		Gle	NDA	Name of Person	ALES	
		-PALMA	S GE	NEPAC Firm/Company	SEP-JIC	tslle
				5014 AU E		
		NOR	Ut M	AUDERD/ City/State and Zip Co	ME F	200K.com
		Chi. M	nail address: (to	he used for future annu	al report notificati	10014. COM
For furth	ner information co	ncerning this ma	tter, please cal	l:		
<u>CAR</u>	LA DER			at (957) Area Code	7.7.7- Daytime Tel	99_24. ephone Number
Enclosed	d is a check for the	following amou	nt:			
<b>₫ \$</b> 25.	00 Filing Fee	S30.00 Filin Certificate		□ \$55.00 Filing Fo Certified Copy (additional copy is		□ \$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

PALMAS GENERAL SERVICES LLC

(Name of the Limited Liability Company as it now appears on our records.)

(Name of the Limited Liability Company as it now ap (A Florida Limited Liability Compa	pears on our records.)
The Articles of Organization for this Limited Liability Company were filed on Florida document number $L 1800 103262$	(4) 24   2018 and assigned
This amendment is submitted to amend the following:	<u>~~</u> }~=
A. If amending name, enter the new name of the limited liability compan	y here:
The new name must be distinguishable and contain the words "Limited Liability Company,"	he designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	<u></u> <u></u>
(Principal office address MUST BE A STREET ADDRESS)	
B. If amending the registered agent and/or registered office address registered agent and/or the new registered office address here:	on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:  Enter	Florida street address
	Florida
Cuty	, 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 t	his capacity. I further agree to comply with the

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

<b>Title</b>	<u>Name</u>	Address	Type of Action
MGR	GLENDA Y MORALES	1201 SW 50-11 AVE	[] Add
		4-110 - NORTH	Remove
		1201 SW 50-11 ME 4-110 - NORTH- LANDERDALE, FL 33068:	Change
		55068 ·	D Add
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1/10/2018	
etive date, if other than the date of filing:	
effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after:  If the date inserted in this block does not meet the applicable statutory filing requirements, thi	filing.) Pursuant to 605
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