

118000139844

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

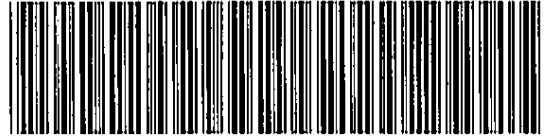
(Business Entity Name)

(Document Number)

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11:15
SECRETARY OF STATE
DIVISION OF CORPORATIONS
18 SEP 28 AM 11:15

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OCT 02 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: J Palmer Events, 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:

Cinque Spence
Name of Person

J Palmer Events, LLC
Firm/Company

5421 Blue Tick Dr
Address

Orlando, FL 32819
City/State and Zip Code

Cinquespence@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Cinque Spence at (954) 687 8010
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**

J Palmer Events, 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 June 5, 2018 and assigned Florida document number LI8000139844.

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)

5421 Blue Tick Dr
Orlando FL 32819

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

5421 Blue Tick Dr
Orlando FL 32819

SECRETARY OF
DIVISION OF CORPORATE
REGISTRATION
18 SEP 28 AM 11:15

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:

Cinque Spence

New Registered Office Address:

5421 Blue Tick Dr

Enter Florida street address

Orlando

City


Florida

32819

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	DeLoorean McCullough	2761 Aragon Ter	<input type="checkbox"/> Add
		Lake Mary FL 32746	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Cornelius Williams	1425 cedar pine dr	<input type="checkbox"/> Add
		Deltona FL 32725	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
TSR	Robert Reid	6925 Aspen Square Lane 101A	<input type="checkbox"/> Add
		Orlando FL 32818	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Chancellor Gordon	100 McKay BLVD	<input type="checkbox"/> Add
		Sanford FL 32771	<input checked="" 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

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

SECRETARY OF DEFENSE
DIVISION OF COMPARATIONS
18 SEP 28 AM 11:15

E. Effective date, if other than the date of filing: _____ (optional)

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

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 _____

Signature of a member or authorized representative of a member

Typed or printed name of signee