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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	e)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

cles of A	Name of Limi	ted Liability Company	
cles of A			
	mendment and fee(s) are sub-	nitted for filing.	
orrespon	dence concerning this matter	to the following:	
	CHADWICK A WRIGHT		
		Name of Person	
	PALMERA CONSTRUC	TION CO. LLC	
		Firm/Company	
	6121 PIMLICO CT		
		Address	
	TALLAHASSEE FL 3230	9	
		City/State and Zip Code	
			<u></u>
	E-mail address: ()	to be used for future annual report notif	ication)
nation co	neerning this matter, please ca	ill:	
jht		813 390-3783	
Name of		Area Code Daytime	: Telephone Number
ck for the	following amount:		
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
	Name of	PALMERA CONSTRUCT 6121 PIMLICO CT TALLAHASSEE FL 3230 palmeraconstructionfl@gr E-mail address: (to that to concerning this matter, please cannot be concerning this matter, please cannot be concerning this matter.) Per	PALMERA CONSTRUCTION CO. LLC Firm/Company 6 121 PIMLICO CT Address TALLAHASSEE FL 32309 City/State and Zip Code palmeraconstructionfl@gmail.com E-mail address: (to be used for future annual report notifination concerning this matter, please call: ht at (

MAILING ADDRESS:

TO:

Registration Section

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

(Name of the Limited Liabili	ity Company as it now appears on our records.) a Limited Liability Company)	
(A Fiorities	a Littined Liability Company)	
The Articles of Organization for this Limited Liability C	Company were filed on 06/29/2018	and assigned
Florida document number	<u></u> .	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lim</u>	ited liability company here:	
The new name must be distinguishable and contain the words "Lin	nited Liability Company," the designation "LLC" or th	
Enter new principal offices address, if applicable:		78
Principal office address MUST BE A STREET ADDI	_	
Timepal office dearest months		- 9 FARC C
		-9 AM 9: 27
Enter new mailing address, if applicable:		بر و
(Mailing address MAY BE A POST OFFICE BOX)		27
B. If amending the registered agent and/or registered agent and/or the new registered office add	stered office address on our records, <u>en</u> tress here:	ter the name of the ne
regimered agent and/or the new regimered vivice and		
Name of New Registered Agent:		
New Registered Office Address:		
-	Enter Florida street address	
	, Florida	Zip Code
	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

1f 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>	Address	Type of Action
MGR	EFRAIN MORLA RAMON	2030 BRANDON CROSSING C	= Add
		BRANDON FL 33511	☐ Remove
			☐ Change
			Add
			☐ Remove
			Change
		8 11 - 11 - 11 - 11 - 11 - 11 - 11 - 11	☐ Remove
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(If an effective date is lis Note: If the date ins	ther than the date of sted, the date must be spec serted in this block doe e date on the Departme	ific and cannot be prices not meet the appli	or to date of filing or i icable statutory fili	nore than 90 days after f	iling.) Pursuant to (505,0207 (3 isted as th
the record specifical). The 90th day a	es a delayed effec after the record is	tive date, but n filed.	ot an effective	time, at 12:01 a.	m. on the ear	rlier of:
Dated	17-A		<u> </u>			
	7/ / /// \					
	mi liga	re of a member or au	harizad mana anzam	e of a member		

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00