

L18000239063

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

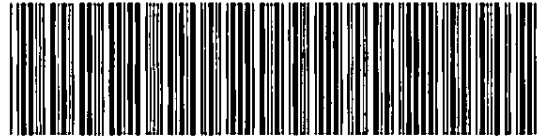
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2020 APR 15 AM 9:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APR 29 2020

Michael P. Haymans

====ATTORNEY AT LAW, P. A.====

April 13, 2020

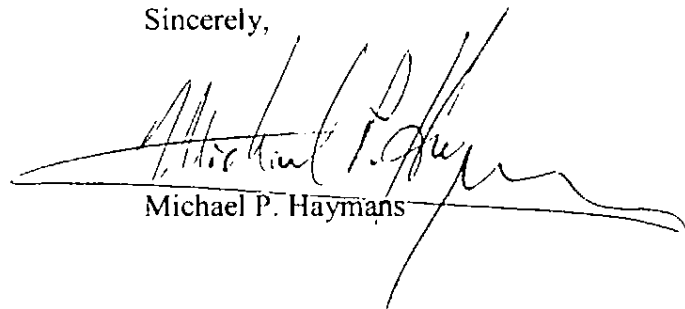
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: Palm Motor Works, LLC/L18000239063/Articles of Amendment

Dear Sir/Madam;

Enclosed please find the Articles of Amendment to change the name of Palm Motor Works, LLC to "Palm Motor Werks, LLC", along with our check in the amount of \$250.00 to cover the cost of filing. Please process this request and send letter of acknowledgement of the change to my office.

Sincerely,



Michael P. Haymans

MPH/lsc
Enc.
Cc: Client

MICHAEL P. HAYMANS ATTORNEY AT LAW, P. A.
215 West Olympia Avenue
Punta Gorda, FL 33950
Phone: (941) 575-0007
Fax: 575-9177
www.mphaymans.com
michael@mphaymans.com

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Palm Motor Works, 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:

Michael P. Haymans

Name of Person

Michael P. Haymans Attorney at Law, P. A.

Firm/Company

215 West Olympia Avenue

Address

Punta Gorda, FL 33950

City/State and Zip Code

lori@mphaymans.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael P. Haymans

941

575-0007

at (_____) _____

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 Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

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

Palm Motor Works, 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 October 9, 2018 and assigned
Florida document number L18000239063.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Palm Motor Werks, LLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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CLERK OF COURT
2020 APR 15 AM 9:23

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:

New Registered Office Address:

Enter Florida street address

City

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 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>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
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		_____	<input type="checkbox"/> Remove
		_____	<input type="checkbox"/> Change

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
APR 15 9:44 AM '94

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

2020 APR 15 AM 9:24
SUGGESTED BY: J. HART
MAILMASSIFFLE@HORN?

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 April 9, 2020

Robert B. Stephens, Jr. Manager
Signature of a member or authorized representative of a member

Signature of a member or authorized representative of a member

Robert B. Helphenstine, Jr., Manager

Typed or printed name of signee

Filing Fee: \$25.00