

L19000004755

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

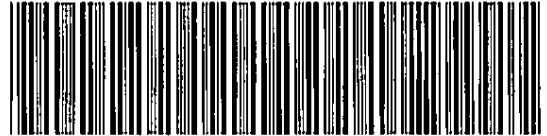
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600332663336

08/08/19--01013--014 \*\*25.00

FILED  
2019 AUG -8 AM 8:05  
SOUTHERN DISTRICT OF NEW YORK

Y SULKER

AUG 13 2019

Geoff Palmer Consulting LLC  
1621 NE 1<sup>st</sup> Ave.  
Pompano Beach, FL 33060

8/5/19

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

To Whom It May Concern:

Enclosed please find our check #0991 in the amount of \$25.00 USD to cover the filing fee to amend our Articles of Organization Document #L19000004755 in the form of adding Authorized Persons to our filing.

If you have any questions or need to contact us, please call 954-304-2522 and ask for Vanessa Palmer. Our return address is stated above.

Thank you.

Sincerely,

A handwritten signature in black ink, consisting of a stylized 'V' and 'P' enclosed within an oval shape.

Vanessa Palmer

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Geoff Palmer Consulting 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:

VANESSA PALMER  
Name of Person

Geoff Palmer Consulting, LLC  
Firm/Company

1621 NE 10<sup>th</sup> AVE.  
Address

POMPANO BEACH, FL 33060  
City/State and Zip Code

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

For further information concerning this matter, please call:

Vanessa Palmer at (954) 304-2522  
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**

Geoff Palmer Consulting 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 1/2/2019 and assigned Florida document number L19000004755.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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

\_\_\_\_\_, **Florida**  
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

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          | Geoff Palmer   | 1621 NE 1 <sup>st</sup> Ave. | <input checked="" type="checkbox"/> Add |
|              |                | Pompano Beach FL 33060       | <input type="checkbox"/> Remove         |
|              |                | 1621 NE 1 <sup>st</sup> Ave. | <input type="checkbox"/> Change         |
| MGR          | Vanessa Palmer | Pompano Beach FL 33060       | <input checked="" type="checkbox"/> Add |
|              |                |                              | <input 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         |
|              |                |                              | <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.)*

[illegible]

**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 August 5, 2019

Signature of a member or authorized representative of a member

VANESSA PALMER

Typed or printed name of signee