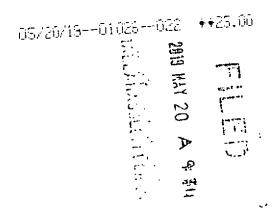
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JUN 19 3939 T. LEWIEUX

COVER LETTER

то:	Registration Sec Division of Corp		·	
SUBJI	ECT:	Palmer	ro Branding LLC	
_		Name of Limite	d Liability Company	
The en	closed Articles of 7	Amendment and fee(s) are submi	itted for filing.	
Please	return all correspor	ndence concerning this matter to	the following:	
		EDU	Name of Person	
		PAIR	TETTO Branding, Uc	
		191	5 BRICKELL AVE. # C150	08
		M	IAMI FL 33129 City State and Zip Code	
		E-mail address: tto	DENDY Miranda - COM be used for future annual report notification)	
For fu	rther information co	oncerning this matter, please call	:	
/\	JENDY Name of	Miranda	at (786) 472-3111 Area Code Daytime Telephone Number	
Encios	sed is a check for th	e following amount:		
15. \$2	5.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55,00 Filing Fee & S60,00 Filing Fee. Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
	Registra Division P.O. Be	NG ADDRESS: ition Section in of Corporations ox 6327 ssee, 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

PALMETTO Branding, LLC

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

(Allowed Liability Company)

(Name of the <u>Limited Liability</u> (A Florida I	Company as it now appears oir olur records.) Imited Liability Company)
(A Folia i	
The Articles of Organization for this Limited Liability Co	
Florida document number <u>L 19000 107 </u>	87 美 デ
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limit	ed liability company here:
	43
The new name must be distinguishable and contain the words "Limit	ed Liability Company," the designation "L.L.C" or the appreviation "L.L.C."
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRI	SAME AS CURRENT
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	SOME AS CURRENT
	ered office address on our records, enter the name of the nev
registered agent and/or the new registered office addre	e <u>ss here</u> :
Mana of Navy Davisuand Avants	
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:
provisions of all statutes relative to the proper and coaccept the obligations of my position as registered age	nd agree to act in this capacity. I further agree to comply with the implete performance of my duties, and I am familiar with and ent as provided for in Chapter 605, F.S. Or, if this document is I office address. I hereby confirm that the limited liability
	If Changing Registered Agent, <u>Signature of New Registered Agent</u>

	Authorized Person(s) authorized to mana om our records:	age, enter the title, name, and address of each p	person being added
MGR = Mar AMBR = Aut	nager horized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR.	EDuardo R. Rivas	1915 Brickell Ave	D -Add
		#CISO8 MIAMI, FL331	29th Remove
			Change
MGR.	WENDY C. Miranda	8145 NW 7 " ST # 411	8 ₽ Add
		MIAMI, FL 33126	□ Remove
			□ Change
			□ Add
			□ Remove
			_□ Change
			_□ Add
			_□ Remove
			Change
			_□ Add
			_□ Remove
			Change
			_□ Add
			_□ Remove
			_□ Change

	unig any other information, enter change(s)	here: (Attach additional sheets, if necessary,)
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		4/15/2019 (optional)
n effec <u>te:</u> Ti	re date, if other than the date of filing: the date is listed, the date must be specific and cannot be if the date inserted in this block does not meet the a int's effective date on the Department of State's rec	prior to date of filing or more than 90 days after filing.) Pursuant to 605.0 pplicable statutory filing requirements, this date will not be listed
recc he 9	ord specifies a delayed effective date, bu 90th day after the record is filed.	t not an effective time, at 12:01 a.m. on the earlier
.ed _	May 15, 2019	
_	Edvar	do & Rivas
	-	authorized representative of a member
	Eduaro	O R. RIVAS
	**Iv 1	
	Typed or	printed name of signee

Filing Fee: \$25.00