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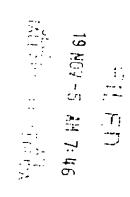
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Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

ro:	Registration Se Division of Cor			
	Palms Prop	erty Acquisitions LLC	•	
SUBJE	CT:	Name of Lim	ited Liability Company	· ·
		Amendment and fee(s) are sub	-	
Please r	eturn all correspo	ndence concerning this matter	to the following:	
		Ricardo Augusto Moreira l	De Oliveira	•
			Name of Person	
		Palms Property Acquisition	ns LLC .	
			Firm/Company	
		3100 Parkway Blvd		
			Address	
		Kissimmee, Florida 34747		
		ricardopatriotpcl@gmail.co	City/State and Zip Code m	
		E-mail address: (to be used for future annual report notif	ication)
or furt	her information c	oncerning this matter, please ca	all:	
Ricardo	Augusto Moreira	a De Oliveira	407 8079170 at ()	
	Name o	f Person	Area Code Daytime	Telephone Number
Enclose	d is a check for th	ne 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:

TO:

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

Palms Property Acquisitions LLC		
(<u>Name of the Limited Liabili</u> (A Florid	ity Company as it now a a Limited Liability Compa	poears on our records.) any)
he Articles of Organization for this Limited Liability C	Company were filed o	n July 9th of 2019 and assigned
lorida document number 1.1900176441		
his amendment is submitted to amend the following:		
If amending name, <u>enter the new name of the lim</u>	nited liability compar	ny here:
ne new name must be distinguishable and contain the words "Lin	nited Liability Company,"	the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:		igusto Moreira De Oliveira
Principal office address MUST BE A STREET ADD	RESS) 25 Hamme	rsmith Drive Saugus, Massachusetts 01906
		38. <u>1</u> 9
nter new mailing address, if applicable:	1421 Murra	ays Chapel Road, Sweetwater, Tennessee 37874
Mailing address MAY BE A POST OFFICE BOX)		> (1)
. If amending the registered agent and/or regis		s on our records, <u>enter the name of the</u>
ogistered agent and/or the new registered office add	reschere:	
Name of New Registered Agent: Ricard	do Augusto Moreira De	Oliveira
New Registered Office Address: 3100	Parkway Blvd	
	Ente	r Florida street address
Kissir	mmee	Florida 34747
	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>	Address	Type of Action
MGR	Hector M. Hernandez Jr	6801 Wilkow Dr Orlando, Florida 32821	
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00