

L19 000 179 067

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

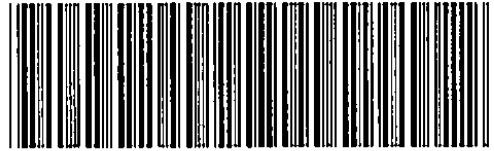
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



60035745508

01/11/21--01015--024

SECRET  
OFFICE OF STATE  
TREASURY  
401 JAN 11 PM 3:33

Handwritten signature/initials

TO: Registration Section  
Division of Corporations

SUBJECT: Palms Majestic Care Giving Services 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:

Pamela Smith

Name of Person

Palms Majestic Care Giving Services LLC

Firm/Company

4214 Cypress Glades Lane

Address

Orlando, Florida 32824

City/State and Zip Code

pam.ludie@gmail.com

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

RECEIVED  
DIVISION OF STATE  
CORPORATIONS  
TALLHASSEE, FL  
JUL 10 AM 11:07

For further information concerning this matter, please call:

Pamela Smith

407 883-0987

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

**TO  
ARTICLES OF ORGANIZATION  
OF**

Palms Majestic Care Giving Services 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 07/11/2019 a.  
Florida document number L19000179067.

This amendment is submitted to amend the following:

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

Palms Majestic LLC

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviat.

**Enter new principal offices address, if applicable:**

1317 edgewater Rd suite 653

**(Principal office address MUST BE A STREET ADDRESS)**

Orlando, Fla 32804

**Enter new mailing address, if applicable:**

4214 Cypress Glades Lane

**(Mailing address MAY BE A POST OFFICE BOX)**

Orlando, Fla 32824

**B. If amending the registered agent and/or registered office address on our records, enter the name of th 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

**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 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 filing 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**

or removed from our records:

**MGR = Manager**

**AMBR = Authorized Member**

**Title**                      **Name**                                      **Address**    **I**

<hr/>	<hr/>	<hr/>	
<hr/>	<hr/>	<hr/>	
<hr/>	<hr/>	<hr/>	
<hr/>	<hr/>	<hr/>	
<hr/>	<hr/>	<hr/>	
<hr/>	<hr/>	<hr/>	
<hr/>	<hr/>	<hr/>	
<hr/>	<hr/>	<hr/>	
<hr/>	<hr/>	<hr/>	
<hr/>	<hr/>	<hr/>	
<hr/>	<hr/>	<hr/>	
<hr/>	<hr/>	<hr/>	
<hr/>	<hr/>	<hr/>	
<hr/>	<hr/>	<hr/>	
<hr/>	<hr/>	<hr/>	
<hr/>	<hr/>	<hr/>	
<hr/>	<hr/>	<hr/>	
<hr/>	<hr/>	<hr/>	
<hr/>	<hr/>	<hr/>	
<hr/>	<hr/>	<hr/>	
<hr/>	<hr/>	<hr/>	

SECRETARY OF STATE  
TALLAHASSEE, FL

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

Blank lined area for amending information.

2021 JAN 1 PM 3:33  
SECRETARY OF STATE  
TALLAHASSEE, FL

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

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not 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 da record is filed.

Dated 1/5, 2021

*Pamela Smith*

Signature of a member or authorized representative of a member

Pamela Smith

Typed or printed name of signee