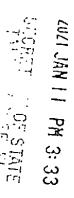
## L19000179067

(Requestor's Name)					
(Address)					
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Division of Corporations			46.37	, ť
CUD IFOF	Palms Majo	estic Care Giving Services LLC	<b></b> □	•
SUBJECT:		Name of Lin	nited Liability Company	
The enclosed	I Anicles of	Amendment and fee(s) are sub	omitted for filing.	
Please return	all correspo	ondence concerning this matter	to the following:	
		Pamela Smith		
		-	Name of Person	11.00.
		Palms Majestic Care Givir	ng Services LLC	
			Firm/Company	SECTOR NEW YORK
		4214 Cypress Glades Lane	•	Ser Constitution
			Address	
		Orlando,Florida 32824		29
			City/State and Zip Code	TAI
		pam.ludie@gmail.com	to be used for future annual report not	[17]
For further in	iformation c	oncerning this matter, please c	,	meanon)
Pamela Smit			407 883-0987	
	Name o	f Person	at ()	ne Telephone Number
Enclosed is a	check for th	ne following amount:		
□ \$25.00 F	iling 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 enck
	ling Addres	<del></del>	<u>Street Address:</u> Registration Se	ction
Division of Corporations			Division of Cor	rporations
P.O. Box 6327 Tallahassee, FL 32314			The Centre of Tallahassee 2415 N. Monroe Street, Suite 810	
1 41	iuiiussee, l	14 747 FT	2413 IV. MONTO	e succi, suite oft

Tallahassee, FL 32303

Registration Section Division of Corporations

TO:

## 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  $\frac{07/11/2019}{1}$ 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. 1317 edgewater Rd suite 653 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Orlando, Fla 32804 4214 Cypress Glades Lane Enter new mailing address, if applicable: Orlando, Fla 32824 (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 agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address Florida

## 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 familia accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this being filed to merely reflect a change in the registered office address, I hereby confirm that the limited I company has been notified in writing of this change.

City

<u> Fitle</u>	Name	Address
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or removed from our records:

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	<u> </u>
E. Effective date, if other than the date of filing:	. <b>l)</b> 1g.) Pursuar te will not
If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) record is filed.	The 90th d
Dated 1/5 . 2021.	
Panela Smith  Signature of a member or authorized representative of a member	
Pampla Sm, Ha Typed or printed name of signee	