L19000239004

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

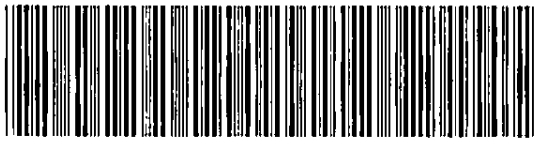
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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2019 OCT 10 AM 9:08

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OCT 11 2019

Quik Courier
Requester's Name

400 Capital Circle SE 18267
Address

Tallahassee, Fl. 32301
City/State/Zip

Phone
850-284-4584

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Palmetto Furniture Warehouse LLC — L19000239004
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

5. _____
(Corporation Name) (Document #)

6. _____
(Corporation Name) (Document #)

7. _____
(Corporation Name) (Document #)

2019 OCT 10 AM 9:08

☐ Walk in ☐ Pick up time _____ ☐ Certified copy

☐ Mail out ☐ Will wait ☐ Photocopy ☑ Certificate of Status

Ammendment

CR2E031 (4/13)

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Palmetto Furniture Warehouse 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:

Juan F. Campos
Name of Person

Palmetto Furniture Warehouse LLC
Firm/Company

1870 SW 3rd Ave Unit 4
Address

Miami FL 33129
City/State and Zip Code

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

2019 OCT 10 AM 9:08

For further information concerning this matter, please call:

Juan F. Campos at (305) 389-5986
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

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

Title	Name	Address	Type of Action
MGR	Juan F. Campos	1870 SW 3rd Ave Unit 4 Miami FL 33129	☒ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
			☐ Add
			☐ Remove
			☐ Change
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			☐ Change