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COVER LETTER

SUBJECT: MARKE CARMELLE PALAN QUET COLLEGE, LLC
Name of Limited Liability Company

Registration Section

Division of Corporations

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

TO:

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The enclosed Articles of Amendment and fee(s) are s	submitted for filing.	
Please return all correspondence concerning this matt	ter to the following:	
DR JUNIOR	BERNARD FEQUERE, Name of Person PRESIC	MD, OBGYN, OWNER, lent/CEO/MGR/AMBR
Office Address: 3951 N. HAVERHILLA	PMELLE PALANQUET. 2d Julyes 203 1 219 Wes	College, LLC + Palm Baach FC 33412
office Addres: 3951 N. HAVERHILLA MAILING ADDRESS, 10 WC	alnut Court Address	
LEOMIN	ISTER, MA O	1453
UNIVEaber E-mail addres do	RNACLE Shiloh Wamass: (to be used for future annual report notific fequinal properties)	ication) OV Com
For further information concerning this matter, pleas	ec 339 440-7	7335 OR (774) 615-951
VNIU Eaber E-mail address Ao For further information concerning this matter, please Rev. BEATRICE CAYO, CO-OWN- Name of Person Name of Person DR JUNIOR BERNARD Fequiere, 1	Area Code Daytime	ED/MGR/AMBL
Enclosed is a check for the following amount:		
\$\$ \$25.00 Filing Fee \$\sum \text{S30.00 Filing Fee & Certificate of Statu}\$		☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address:	Street Address:	

Registration Section

Division of Corporations

Tallahassee, FL 32303

The Centre of Taliahassee

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

New Registered Agent's Signature, if changing Registered Agent:

Name of New Registered Agent:

New Registered Office Address:

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.

City

Enter Florida street address

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	e of Action

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AMBK	KEV BEATRICE CAY	10 3951 N. HAVER HILL Rd	
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