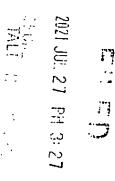
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## **COVER LETTER**

TO;	Registration Se Division of Cor					
	PAL PELO	, L.L.C.				
SUBJE	CT:	Name of Lim	ited Liability Company			
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please re	eturn all correspo	ndence concerning this matter	to the following:			
		MICHELLE M. BRUCKM	IAN			
		PAL PELO, L.L.C.	Name of Person			
			Firm/Company			
		P.O. Box 136692				
	Address CLERMONT, FLORIDA 34714					
		hellopalpelo@ gmail.com	City/State and Zip Code		"	21
		E-mail address: (	to be used for future annual report notificat	ion)	7	2021 Tü 527
For furth	her information c	oncerning this matter, please ca	all:		<u> </u>	=
MICHE	ELLE M. BRUCK	CMAN	407 912-2136			
	Name o	f Person	at ()	Iephone Number	· · · · · · · · · · · · · · · · · · ·	PH 3: 27
Enclose	d is a check for th	ne following amount:				7
□ \$25	.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	☐ \$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified C	of Status &	
	Mailing Addres Registration 5 Division of C	Section	<u>Street Address:</u> Registration Sectic Division of Corpor			

P.O. Box 6327

Tallahassee, FL 32314

The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, F1, 32303

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION OF

PALPELO, L.L.C. (Name of the Limited Liability Company as it now appears on our records.)
(A Florida l imited Liability Company) This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC." N/A Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:	N A	921 JUI
New Registered Office Address:	N/A	27
***************************************	Enter Florida street address	70
	, Floric	da <u>ψ</u> . 🕽

N/A

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

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

N/A

Thereby 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 amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person\_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u> MGR	<u>Name</u> MICHELLE M. BRUCKMAN	Address 10930 RUSHWOOD WAY CLERMONT, FLORIDA 34714	Type of Action		
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fective date, if other than the date of filing:  In effective date is listed, the date must be specific and cannot be priote;  If the date inserted in this block does not meet the appl	ior to date of	filing or more the	(optio	onal) filing.) Pursu:	unt to 605,0
cument's effective date on the Department of State's record		mory ming rec	junements, uns	date will the	t the distert of
ecord specifies a delayed effective date, but not an effective is filed.	time, at 12	201 a.m. on th	e earlier of: (b	i The 90th	day after the
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Night of M	Bruo	kv			

Filing Fee: \$25.00