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Palm Valley Asset Management LLC UBJECT: Name of Limited Liability Company he enclosed Articles of Amendment and fee(s) are submitted for filing. lease return all correspondence concerning this matter to the following: Masud Aleem Name of Person Palm Valley Asset Management LLC Firm/Company 748 E. Dorchester Dr. Address St. Johns FL 32259 City/State and Zip Code mmaleem@yahoo.com E-mail address: (to be used for future annual report notification) or further information concerning this matter, please call: 904 Masud Aleem 536-8755 Name of Person Daytime Telephone Number inclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & □ \$55.00 Filing Fee & ☐ \$60.00 Filing Fee, Certificate of Status Certificate of Status & Certified Copy Certified Copy (additional copy is enclosed) (additional copy is enclosed) Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

O:

Registration Section
Division of Corporations

TO ARTICLES OF ORGANIZATION OF

Palm Valley Asset Management LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) he Articles of Organization for this Limited Liability Company were filed on and assigned 1.21000327200 lorida document number his amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: he new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Inter new principal offices address, if applicable: Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX) 3. If amending the registered agent and/or registered office address on our records, enter the name of the new registered gent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter Florida street address City lew Registered Agent's Signature, if changing Registered Agent: hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the rovisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and ecept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is eing filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability ompany has been notified in writing of this change. If Changing Registered Agent, Signature of New Registered Agent

or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
MGR	Masud Alcem	748 E. Dorchester Dr.	■Add
		St. Johns. F1. 32259	□Remove
			□Change
MGR Sameena Aleem	Sameena Aleem	748 E. Dorchester Dr.	□Add
		St. Johns, F1. 32259	■Remove
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: If the date inserted in this b	plock does not meet the applicable statu	thing or more than 90 days after filing.)! tory filing requirements, this date w	rursuant to 605,0 vill not be listed
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ifiled.	ve date, but not an effective time, at 12:	:01 a.m. on the earlier of: (b) The	YUTH day after
August 21	2021		
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4	Signature of a member or authorized representation of a member of authorized representation of the second of the s	eventative of a member	