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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

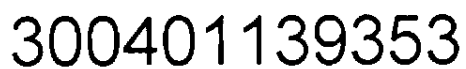
(Business Entity Name)

(Document Number)

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



35

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Palmieri Construction 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:

Krystal Quirk  
Name of Person

Palmieri Construction  
Firm/Company

4335 Regina St  
Address

Hastings, FL, 32145  
City/State and Zip Code

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

For further information concerning this matter, please call:

Krystal Quirk at (904) 837-6488  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|--|--|--|--|

Mailing Address:  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Palmieri Construction L.L.C

**If Changing Registered Agent, Signature of New Registered Agent**

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>AP</u>	<u>Raymond Palmieri</u>	<u>4335 Regina St.</u>	<input type="checkbox"/> Add
		<u>Hastings FL 32145</u>	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
<u>MGR</u>	<u>Krystal A. Quirk</u>	<u>4335 Regina St.</u>	<input checked="" type="checkbox"/> Add
		<u>Hastings, FL 32145</u>	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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22

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**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Dated 02/29/2023

23

Signature of a member or authorized representative of a member

Knystal Quirk  
Typed or printed name

Typed or printed name of signee