

h22000213740

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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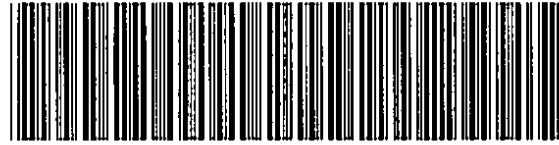
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

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# COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Amendment to Operating Agreement for Palm 14 RMV, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Robert M Voke

Name of Person

Palm 14 RMV, LLC

Firm/Company

14 Clearview Court N

Address

Palm Coast, FL 32137

City/State and Zip Code

bobvoke@comcast.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Robert M Voke at (617) 365-9723  
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 Address:**

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

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Palm 14 RMV, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 5/5/22 and assigned  
Florida document number L22000213740.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

NA

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

**Enter new principal offices address, if applicable:**

(Principal office address MUST BE A STREET ADDRESS)

14 Clearview Court N

Palm Coast, FL 32137

**Enter new mailing address, if applicable:**

(Mailing address MAY BE A POST OFFICE BOX)

14 Clearview Court N

Palm Coast, FL 32137

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TALLAHASSEE, FL

**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:

Robert M Voke

New Registered Office Address:

14 Clearview Court N

*Enter Florida street address*

Palm Coast

Florida 32137

*City*

*Zip Code*

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

*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.*



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:

AMGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
President	Jeffrey Peterson	Commercial Exchange Partners	<input type="checkbox"/> Add
		Minneapolis, MN	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	Marna Peterson	Commercial Exchange Partners	<input type="checkbox"/> Add
		Minneapolis, MN	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
VP	Kent Carlotto	Commercial Exchange Partners	<input type="checkbox"/> Add
		Minneapolis, MN	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
sole mem	Robert M Voke	11 Sandy Avenue	<input type="checkbox"/> Add
<i>de Member</i>		Canton, MA 02021	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
VP	Karen L Voke	14 Clearview Court N	<input type="checkbox"/> Add
		Palm Coast, FL 32137	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
Agent	Northwest Registered Agent	7901 4th Street	<input type="checkbox"/> Add
		St Petersburg, FL 33702	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

New contact information is 14 Clearview Court N Palm Coast, FL 32137

bobvoke@comcast.net 617 365 9723

Northwest Registered Agent should be removed

Attached is the current Operating Agreement, which this amendment will update

Attached is the Assignment of Interest

**E. Effective date, if other than the date of filing:** \_\_\_\_\_ **(optional)**

*(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)*

**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.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of: (b) The 90th day after the record is filed.

Dated August 11, 2022



Signature of a member or authorized representative of a member

Robert M. Voke

Typed or printed name of signee