

L220000342192

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

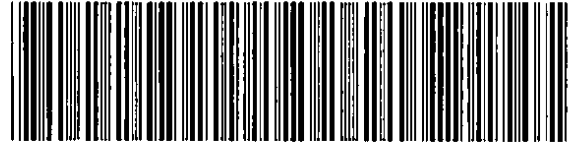
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600415123306

09/06/23--01023--002 **25.00

FILED
SECRETARY OF STATE
TALLAHASSEE, FL

2023 SEP -6 PM 9:57

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PALMERA DISTRIBUTOR 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:

Luciano M Cases

Name of Person

Palmera Distributor LLC

Firm/Company

6608 Kingspointe Pkwy

Address

Orlando FL 32819

City/State and Zip Code

luciano.cases@semforwarder.com

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

For further information concerning this matter, please call:

Luciano M Cases

786

6571379

at ()

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

SECRETARY OF STATE
TALLAHASSEE, FL

2023 SEP -6 PM 9:57

FILED

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PALMERA DISTRIBUTOR 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 08/03/2022 and assigned
Florida document number L22000342192.

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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

6608 Kingspointe Pkwy Orlando FL, 32819

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

6608 Kinspointe Pkwy Orlando FL, 32819

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:

Luciano M Cases

New Registered Office Address:

6608 Kingspointe Pkwy

Enter Florida street address

Orlando

Florida 32819

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.

Luciano Cases

dotloop verified
09/25/23 4:52 PM EDT
TWR3-LPGV-CLOQ-HFSO

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>
MGR	Luciano M Cases	6608 Kingspointe Pkwy Orlando Fl 32819	<input checked="" type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	Juan E Alarcon	1317 Edgewater Drive Suite 3214 Orlando Fl 32804	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

SECRETARY OF STATE
TALLAHASSEE, FL

2023 SEP -6 PM 9:57

FILED

SECRETARY OF STATE
TALLAHASSEE, FL
2023 SEP -6 PM 9:57

SECRETARY OF STATE
TALLAHASSEE, FL
2023 SEP -6 PM 9:57

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 24 2023

Luciano Cases datloop verified
08/29/23 4 52 PM EDT
RE_44-NN-GRCU-B-10

Signature of a member or authorized representative of a member

Luciano M Cases

Typed or printed name of signee

Filing Fee: \$25.00