

M0700000 6337

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

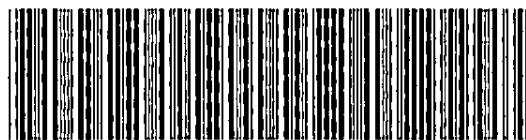
(Document Number)

Certified Copies _____

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S TALLENT
MAR 11 2019

FILED
MAR -8 PM 4:15
MAR 11 2019

Amend



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 25, 2019

KIM SUMMERS
CT&T/PALMETTI ENGINEERING AND CONSULTING
4512 BURROW DRIVE
NORTH LITTLE ROCK, AR 72116

SUBJECT: PALMETTO ENGINEERING AND CONSULTING, LLC
Ref. Number: M07000006337

We have received your document and check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

The form you submitted is for a FLORIDA LIMITED LIABILITY COMPANY, but your entity is a FOREIGN LIMITED LIABILITY COMPANY. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Susan Tallent
Regulatory Specialist II

Letter Number: 519A00003934

RECEIVED

2019 MAR -8 PM 12:01

FLORIDA DEPARTMENT OF STATE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Palmetto Engineering and Consulting, LLC
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kim Summers
Name of Person

CRAT / Palmetto Engineering and Consulting LLC
Firm/Company

4512 Burrow Drive
Address

North Little Rock, AR 72114
City/State and Zip Code

licensure@palmettoeng.com ✓
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kim Summers at (501) 758-5698
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

- ☐ \$25 Filing Fee ☒ \$30 Filing Fee & Certificate of Status ☐ \$55 Filing Fee & Certified Copy ☐ \$60 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of

State: Palmetto Engineering and Consulting, LLC

Enter new principal office 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)

Kim Summers CTT/Palmetto Engineering and Consulting LLC
4512 Burrows Dr.
North Little Rock, AR 72114

2. The Florida document number of this limited liability company is: MD1000006337

3. Jurisdiction of its organization: South Carolina

4. Date authorized to do business in Florida: 10/22/2007

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer 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: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, Florida _____
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

7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(e), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>AR</u>	<u>Howard Gortor</u>	<u>4512 Burrow Dr.</u>	<input checked="" type="checkbox"/> Add
		<u>North Little Rock AR 72114</u>	<input type="checkbox"/> Remove
<u>AR</u>	<u>George Wyatt</u>	<u>3107 Hwy 153</u>	<input type="checkbox"/> Add
		<u>Piedmont, SC 29673</u>	<input type="checkbox"/> Remove
<u>AR</u>	<u>Scott Hall</u>	<u>3107 153</u>	<input type="checkbox"/> Add
		<u>Piedmont, SC 29673</u>	<input type="checkbox"/> Remove
<u>AR</u>	<u>Bruce L. Smith</u>	<u>709 Hwy 17</u>	<input type="checkbox"/> Add
		<u>Piedmont SC 29673</u>	<input checked="" type="checkbox"/> Remove
<u>AR</u>	<u>Dennis Beuford</u>	<u>709 Hwy 17</u>	<input type="checkbox"/> Add
		<u>Piedmont SC 29673</u>	<input checked="" type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized

Scott Hall

Signature of the authorized representative

Scott Hall

Typed or printed name of signee

Filing Fee: \$25.00