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JO: Amendment Section Division of Corpora			ar ,			
NAME OF CORPORATION: Palmer Enterprises, INC DOCUMENT NUMBER: PO 7000014399						
The enclosed Articles of	Amendment and fee are su	bmitted for filing.				
Please return all correspo	ondence concerning this ma	tter to the following:				
	Barbar	Name of Contact Person	5			
_	P.O. Box	Firm/Company				
Miami, P 33143						
City/ State and Zip Code Palment van Sport 3 Lahoo. Com E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Barbara Name of	Contact Person	at (<u>305</u> Area Coo	e & Daytime Telephone Number			
Enclosed is a check for the following amount made payable to the Florida Department of State:						
□ \$35 Filing Fee	Certificate of Status	☐\$43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	□\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)			
Moilir	ng Address	Street	Address			

Mailing Address
Amendment Section **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

Street Address
Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

	21V ESRO- 611
Articles of A	Amendment
Articles of In	**************************************
Palmen En	Provise 11 1 27 PM/2.
(Name of Corporation as our ren	tly filed with the Florida Dept. of State)
Po 7/2000 444 200	2
70 10000 14 399	
(Document Number	of Corporation (if known)
Pursuant to the provisions of section 607.1006, Florida Statutes, this its Articles of Incorporation:	s Florida Profit Corporation adopts the following amendment(s)
A. If amending name, enter the new name of the corporation:	
	The new
name must be distinguishable and contain the word "corporati- "Corp.," "Inc.," or Co.," or the designation "Corp," "Inc," or word "chartered," "professional association," or the abbreviation	"Co". A professional corporation name must contain the
B. Enter new principal office address, if applicable:	
(Principal office address <u>MUST BE A STREET ADDRESS</u>)	3397 NW 695t
	0.5/1/1000 0/01
	MIami, H 33141
C. Established War address (Company)	
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	T. O. BOX 557021
(manage manage m	micum: 12 221113
	miami , 17 33143
D. If amending the registered agent and/or registered office add	
new registered agent and/or the new registered office addres	<u>is:</u>
Name of New Registered Agent	
(Florida si	treet address)
	10 - 2016 201
New Registered Office Address: 3391 NW	695 Miaml, Florida 33141
	(City) (Zip Code)
Non-Books and Assat Class at the state of th	
New Registered Agent's Signature, if changing Registered Agen I hereby accept the appointment as registered agent. I am familiar	
,	and the second s
Signature of New	Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V = Vice President; T = Treasurer; S = Secretary; D = Director; TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	·	Doe			
X Remove	<u>V</u> <u>Mike</u>	Mike Jones			
_X Add	SV Sally	Sally Smith			
Type of Action (Check One)	Title	Name O 1	Address		
Change Add Remove	+1	Markel Halmero	<u>6240 SW 79ct</u> miami, 19 33143		
2) Change	Pt	Barbara Page	3397 NW 6951 Miami, F1 33142		
Remove 3) Change Add					
Remove 4) Change Add Remove					
5) Change Add Remove					
6) Change Add Remove					

(Attach additional sheets, if necessary). (Be specific)			
			
	A STATE OF THE STA		
	ORGE CIPILA		
	- · · · · · · · · · · · · · · · · · · ·		
If an amendment provides for an exchange	ange, reclassification, or cancellation of issued shares,		
(if not applicable, indicate N/A)	ndment if not contained in the amendment itself:		
(g not approact, materic (477)			

The date of each amendment(s) adoption: 5 - 18 - 5 date this document was signed.	, if other than the
Effective date if applicable: 5-18-15	
(no more than 90 days after amendment file date)	
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, document's effective date on the Department of State's records.	this date will not be listed as the
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amend by the shareholders was/were sufficient for approval.	iment(s)
☐ The amendment(s) was/were approved by the shareholders through voting groups. The following must be separately provided for each voting group entitled to vote separately on the amendment(s)	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
☐ The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	reholder
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	lder
Dated 5-18-187	
Signature and Jaluary	
(By a director, president or other officer - if directors or officers have no	
selected, by an incorporator – if in the hands of a receiver, trustee, or oth	er court
appointed fiduciary by that fiduciary)	
Maikel Palmero	
(Typed or printed name of person signing)	
tresident	
(Title of person signing)	