

LO7000084560

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

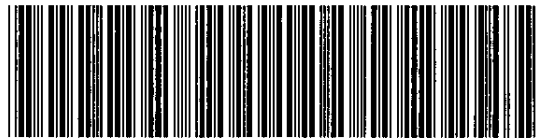
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OCT 31 2008

**EXAMINER**

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**JOEL M. COMERFORD, P.A.**  
**ATTORNEY AT LAW**  
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Suite 303  
Boca Raton, Florida 33432

JOEL M. COMERFORD

TELEPHONE (561) 368-0500  
FACSIMILE (561) 620-2565  
E-MAIL joel@florida-title.net

October 27, 2008

Via U.S. Mail

Florida Dept. of State, Division of Corporations  
Attn: Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**Re: A Carlisle, LLC**  
**Articles of Amendment**

Dear Sir or Madam:

Please find enclosed the following concerning the above-referenced matter:

1. Articles of Amendment to Articles of Organization (original and one copy)
2. Cover Letter
3. Attorney check #2529 in the amount of \$25.00 for filing
4. Self-addressed, postage-paid envelope (for return of the "filed" document)

Please return the filed document to my attention.

If you should have any questions please do not hesitate to contact me.

Sincerely,

  
Joel M. Comerford

enclosures

cc: Annmarie N. Oldfield

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

A CARLISLE, 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 8/17/07 and assigned Florida document number L07000084560.

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 end with 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)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

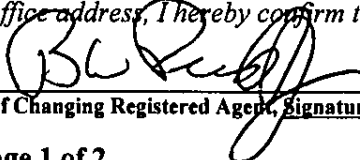
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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: Bruce W PARRISL, JR  
New Registered Office Address: 1870 Forest Hill Blvd suite 203  
*(Enter Florida street address)*  
West Palm Beach, Florida 33406  
*(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 608, 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)

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OCT 30 2007  
TALLAHASSEE, FLORIDA

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:


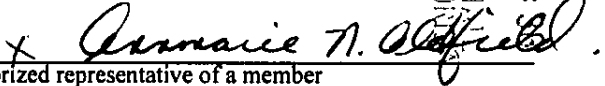
MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Angeline Carlisle	9342 PLANTATION ESTATES <sup>D.R.</sup> ROYAL PALM BEACH, FL 33411	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Anmarie N. Oldfield	13178 59 <sup>TH</sup> COURT N. ROYAL PALM BEACH, FL 33411	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
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_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated OCTOBER 17, 2008.


  
 Signature of a member or authorized representative of a member  
Angeline Carlisle and Anmarie N. Oldfield  
 Typed or printed name of signee

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 08 OCT 30 AM 8:53  
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 TALLAHASSEE FLORIDA