## 108/000095757

| (Re                     | equestor's Name)       |  |  |  |  |
|-------------------------|------------------------|--|--|--|--|
| (Ad                     | ddress)                |  |  |  |  |
| (Ad                     | ddress)                |  |  |  |  |
| (Cit                    | ty/State/Zip/Phone #)  |  |  |  |  |
| PICK-UP                 | WAIT MAIL              |  |  |  |  |
| (Bu                     | usiness Entity Name)   | <u>.                                    </u> |  |  |  |
| (Document Number)       |                        |  |  |  |  |
| Certified Copies        | Certificates of Status |  |  |  |  |
| Special Instructions to | Filing Officer:        | $\neg$                                       |  |  |  |
|                         |                        |  |  |  |  |
|                         |                        |  |  |  |  |
|                         |                        |  |  |  |  |
|                         |                        |  |  |  |  |

Office Use Only



600137605376

11/10/08--01009--022 \*\*55.00

08 NOV 10 PH 2: 2: SECRETARY OF STATE

D. BRUCE

NOV 1 2 2008

**EXAMINER** 

## **COVER LETTER**

| The enclosed Articles of Amendment and fee(s) are submitted for filing.  Please return all correspondence concerning this matter to the following:  SCOTT L. MCMULLEN  (Name of Person)  JONES, FOSTER, JOHNSTON & STUBBS, P.A.  (Firm/Company)  801 MAPLEWOOD DRIVE, SUITE 22-A  (Address)  JUPITER, FLORIDA 33458  (City/State and Zip Code)  For further information concerning this matter, please call: | Division of Consults SUBJECT: AW CA | PITAL PARTNERS I, LLC.  (Name of Limited Liability Company) |                    |          | <b>23</b> |
|--|-------------------------------------|---|--------------------|----------|-----------|
| (Name of Person)  JONES, FOSTER, JOHNSTON & STUBBS, P.A.  (Firm/Company)  801 MAPLEWOOD DRIVE, SUITE 22-A  (Address)  JUPITER, FLORIDA 33458  (City/State and Zip Code)  For further information concerning this matter, please call:  |                                     | ·   |                    |          |           |
| JONES, FOSTER, JOHNSTON & STUBBS, P.A.  (Firm/Company)  801 MAPLEWOOD DRIVE, SUITE 22-A  (Address)  JUPITER, FLORIDA 33458  (City/State and Zip Code)  For further information concerning this matter, please call:  |                                     | SCOTT L. MCMULLEN   |                    |          |           |
| (Firm/Company)  801 MAPLEWOOD DRIVE, SUITE 22-A  (Address)  JUPITER, FLORIDA 33458  (City/State and Zip Code)  For further information concerning this matter, please call:  |                                     | (Name of Person)  |                    |          |           |
| 801 MAPLEWOOD DRIVE, SUITE 22-A  (Address)  JUPITER, FLORIDA 33458  (City/State and Zip Code)  For further information concerning this matter, please call:  |                                     | JONES, FOSTER, JOHNSTON & STUBBS, P.A.                      |                    |          |           |
| JUPITER, FLORIDA 33458  (City/State and Zip Code)  For further information concerning this matter, please call:  |                                     | (Firm/Company)  |                    |          |           |
| JUPITER, FLORIDA 33458  (City/State and Zip Code)  For further information concerning this matter, please call:  |                                     | 801 MAPLEWOOD DRIVE, SUITE 22-A                             |                    |          |           |
| JUPITER, FLORIDA 33458  (City/State and Zip Code)  For further information concerning this matter, please call:  |                                     | (Address)   | SE                 | 08       |           |
| For further information concerning this matter, please call:   |                                     | CREI  |                    | _        |           |
| For further information concerning this matter, please call:   |                                     | (City/State and Zip Code)                                   | ASS                | <u> </u> | _         |
| F04 050 0005   | For further information of          | oncerning this matter, please call:                         | COFSTA<br>EE, FLOR | 7        |           |
| ASHLEY WRIGHT at ( 561 ) 650-8225  | ASHLEY WRIGHT                       |   |                    | 23       |           |
| (Name of Person) (Area Code & Daytime Telephone Number)  | (Name                               | of Person) (Area Code & Daytime Telephone Number            | r)                 | w        |           |

\$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

**MAILING ADDRESS:** 

□\$30.00 Filing Fee &

Certificate of Status

Enclosed is a check for the following amount:

**☑** \$25.00 Filing Fee

TO:

Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

□\$60.00 Filing Fee,

Certified Copy

Certificate of Status &

(additional copy is enclosed)

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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AW CAPITAL PARTNERS I, LLC

| (Name of the Limited Lia<br>(A Flo  | bility Compa<br>orida Limited I   | ny as it now appears<br>Liability Company)                      | on our records.)       |                           |  |  |
|---|-----------------------------------|---|------------------------|---------------------------|--|--|
| The Articles of Organization for this Limited Liabi   | lity Company                      | were filed on OCTO  | DBER 9, 2008           | and assigned              |  |  |
| Florida document number L08000095707  |                                   |   |                        | 08<br>SECI                |  |  |
| This amendment is submitted to amend the followi  |                                   | FII<br>NOV I  |                        |                           |  |  |
| A. If amending name, enter the new name of the  | e limited liab                    | ility company here  | :                      | CE, FL                    |  |  |
| The new name must be distinguishable and end with the "L.L.C."  | e words "Limi                     | ted Liability Compan  | y," the designation    | "ELE" or the abbreviation |  |  |
| Enter new principal offices address, if applicable  | e:                                | 2801 PGA Boule  | vard, Suite 220        |                           |  |  |
| (Principal office address MUST BE A STREET A  | PALM BEACH GARDENS, FLORIDA 33410 |   |                        |                           |  |  |
| Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)                                       |                                   | 2801 PGA Boulevard, Suite 220 PALM BEACH GARDENS, FLORIDA 33410 |                        |                           |  |  |
| B. If amending the registered agent and/or registered agent and/or the new registered office  Name of New Registered Agent: |                                   |   | r records, <u>ente</u> | r the name of the new     |  |  |
| New Registered Office Address:  | 2801 PGA Bo                       | ulevard, Suite 220  |                        |                           |  |  |
|   | (Enter Florida street address)    |   |                        |                           |  |  |
| PALM BEACH  |                                   | GARDENS, Florida  |                        | 33410                     |  |  |
|   | (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)

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 Title | <u>Name</u> <u>Address</u> Type of Action BRIAN K. WAXMAN MGRM 2801 PGA Boulevard, Suite 220 PALM BEACH GARDENS, FLORIDA 33410 PETER J. APPLEFIELD MGRM 2801 PGA Boulevard, Suite 220 ₽7 Add PALM BEACH GARDENS, FLORIDA 33410 Remove 🗂 Add Remove DbA 📋 🗂 Remove \_\_\_ Add ☐ Remove ☐ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) These articles are amended to change the LLC from a manager managed LLC to a member managed LLC. Dated NOVEMBER 5 Signature of a member or authorized representative of a member **BRIAN K. WAXMAN** Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00