

Division of Corporations

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L05000000007

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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(((H11000166456 3)))



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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : FOWLER WHITE BURNETT P.A.  
Account Number : 071250001512  
Phone : (305) 789-9200  
Fax Number : (305) 789-9201

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: DRM@Fowler-White.com

2011 JUN 23 AM 10:28  
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
CHATEAU PORTER, LLC

Certificate of Status	1
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Page Count	02
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Corporate Filing Menu

Help

Jun 22 11 03:13p Edward Porter

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ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

CHATEAU PORTER, 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 12/30/2004 and signed  
Florida document number L05000000007

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

PALMS ON THE BAY, LLC

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:

New Registered Office Address:

Enter Florida street address

City, Florida 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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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	Name	Address	Type of Action
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated JUNE 22, 2011.

*Edward Porter*  
Signature of a member or authorized representative of a member

EDWARD PORTER

Typed or printed name of signee

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Filing fee: \$25.00

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