

(Requestor's Name)	_ `
<u>e de la companya de</u>	
(Address)	_
(Address)	_
	_
(City/State/Zip/Phone #)	-
PICK-UP WAIT	•
	<u>.</u>
" (Business Entity Name)	
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(Document Number)	
Certified Copies Certificates of Status	-
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Special Instructions to Filing Officer:	ı
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Office Use Only

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EXAMINER



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SECRETARY OF STATE TALLAHASSEE. FLORIDA

COVER LETTER

TO:	Registration Section Division of Corpo			•	
CLIDI	ECT.	Holvfield	d & Thomas, LLC	,	
SUBJ	EC1:		nited Liability Company		-
				,	
The en	nclosed Articles of An	nendment and fee(s) are so	ubmitted for filing.	i i	
Please	return all correspond	ence concerning this matte	er to the following:	ŧ	
				1	
•			David J. Thomas, III	,	
 . ,			Name of Person	· · - ·	
	. 1	L	lolyfield & Thomas, LLC	:	
			Firm/Company		_
				1	
			125 Butler Street	:	****
			Address	•	
		West	Palm Beach, FL 33407-	6105	
	•		City/State and Zip Code		_
		djthom	as@holyfieldandthomas (to be used for future annual repor	s.com	-
			•	n notification)	
For fu	rther information con	cerning this matter, please	call:	•	
`		. Thomas, III	at (_561_)	689-6000	
	Name of P	erson	Area Code & I	Daytime Telephone Num	ber
Enclos	sed is a check for the	following amount:			
\$2	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	Certificolosed) Certif	Filing Fee, icate of Status & ied Copy ional copy is enclosed)

MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATIO **OF**

•	1 6	•
N	10 JUN 25	(50
,	O JUN 25 CAHASARY OUR records.)	PM 3: 13
	TABE OF	STAL
on (our records.)	OFIDA

Holyfield & Thomas, LLC (Name of the Limited Liability Company as it now appears of (A Florida Limited Liability Company)

The Articles of Organization for this Limited Lie Florida document number H01000020		were filed on Febru	ary 23, 200	1 and assigned
This amendment is submitted to amend the follo	wing:		•	
-A. If amending name, enter the new name of	the limited liab	ility company here:	· •	
The new name must be distinguishable and end with "L.L.C."	h the words "Limi	ted Liability Company," tl	ne designation '	LLC" or the abbreviation
Enter new principal offices address, if applica	Holyfield & Thomas, LLC			
(Principal office address MUST BE A STREET ADDRESS)		125 Butler Street		
		West Palm Beach, FL 33407-6105		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		Holyfield & Thoma	s, LLC	
	West Palm Beach, FL 33407-6105			
B. If amending the registered agent and/or registered agent and/or the new registered off Name of New Registered Agent:	_	e:	ecords, enter	the name of the new
New Registered Office Address:	125 Buller 3		orida street ad	drass
			ina sireei aa	
	t Palm Beach	, Florida	33407-6105	
		City	;	Zip Code
New Registered Agent's Signature, if changing R	1			

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

MGR = Manager

MGRM = Managing Member **Type of Action** Title **Address Name** Constance D. Thomas MGR 125 Butler Street ✓ Add Remove West Palm Beach, FL 33407-6105 ☐ Add Remove ☐ Add ☐ Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) June 18 2010 Dated Signature of a member or authorized representative of a member David J. Thomas, III Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00