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SECRETARY OF STATE

M. THOMAS

NOV 2 1 2008

EXAMINER

LAW OFFICES OF

MARC R. GAYLORD, P.A.

HOBE SOUND, FL 33455
TEL (772) 545-7740
FAX (772) 545-7782

MARC R. GAYLORD, ESQ.

November 14, 2008

Secretary of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

VIA U.S. MAIL

RE: M & T, LLC name change to P & D, LLC

To Whom It May Concern:

Enclosed please find Articles of Amendment changing the name of M & T, LLC to P & D, LLC. No other changes to the limited liability company are contemplated by this filing.

Should you have any questions or concerns with regard to the foregoing, please do not hesitate to contact this office.

Sinderel

Heather Adams Legal Assistant

/hda Encl. SECRETARY OF STATE

COVER LETTER

TO: Registration Sec . Division of Corp			
SUBJĘCT: M&T, L	LC.		•
	(Name of Limi	ted Liability Company)	
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	MARC R. GAYLORD, ES	20	
	WARC R. GATLORD, ES	(Name of Person)	
	MARC R. GAYLORD, P.	A. .	
		(Firm/Company)	
	11700 SE DIXIE HWY.		
		(Address)	
	HOBE SOUND, FLORID		
		(City/State and Zip Code)	
For further information co	oncerning this matter, please ca	all:	
	-00	at (772) 545-7740	SECRE WILLIAM
MARC R. GAYLORD, ESQ. (Name of Person)		at (112) 545-1140 (Area Code & Daytime T	elephone Number)
`	,		elephone Number)
Enclosed is a check for th	e following amount:		OF STA
☑ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status Certified Copy (additional copy is enclosed)
Registr Divisio	ING ADDRESS: ation Section in of Corporations ox 6327	STREET/COURIER Registration Section Division of Corporation Clifton Building	
	ssee, FL 32314	2661 Executive Cente	r Circle

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

M & T, LLC		
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) iability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 10/15/2002	and assigned
Florida document number <u>L01000010301</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
P & D, LLC		
The new name must be distinguishable and end with the words "Limi "L.L.C."	ted Liability Company," the designation "LLC	" or the abbreviation
Enter new principal offices address, if applicable:	621 ALTERNATE A1A	
(Principal office address MUST BE A STREET ADDRESS)	JUPITER, FL 33477	
		
Enter new mailing address, if applicable:	SAME AS ABOVE	
(Mailing address MAY BE A POST OFFICE BOX)		
		- Fo S
B. If amending the registered agent and/or registered of	e	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	nce address on our records, <u>enter the</u> <u>e</u> :	mame sor the new
Name of New Registered Agent:		ES E
New Registered Office Address:		
ATOM ANGENTING CHINA LINEARIA.	(Enter Florida street addre	ss)
	, Florida	
		(Zin 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)

Page 1 of 2

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

<u>Citle</u> .	<u>Name</u>	Address	Type of Acti	<u>ion</u>
		-	Add Remove	
			Add Remove	
			Add Remove	
			Add Remove	
			Add _ Remove	
			Add Remove	
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)		
			SECRETARI TALLAHASSI	09 MOV 20
			CF STATE	
Dated OCTO	ō			
	Signature of a membe	r of authorized representative of a member	<u> </u>	
	THOMAS F. PUCCI	or printed name of signee		

Page 2 of 2

Filing Fee: \$25.00