

LO10000 22547

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

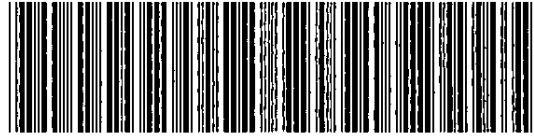
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600131037876

06/09/09--01042--015 **30.00

FILED
08 JUN -9 AM 11:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

M. Thomas JUN 1 0 2009

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: WEST PALM BEACH APARTMENTS EAST L.C.
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JANICE FORIERE
(Name of Person)

(Firm/Company)

P O BOX 30247
(Address)

PALM BEACH GARDENS, FL 33420
(City/State and Zip Code)

08 JUN -9 AM 11:10
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

JANICE FORIERE at (**561**) **301-1687**
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$25.00 Filing Fee
- \$30.00 Filing Fee & Certificate of Status
- \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional 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
TO
ARTICLES OF ORGANIZATION
OF**

WEST PALM BEACH APARTMENTS, EAST, L.C.
(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 December 19, 2001 and assigned Florida document number L01000022547.

This amendment is submitted to amend the following:

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

N/A

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

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: Americo Foriere
New Registered Office Address: 3001 Windsor Ave.
(Enter Florida street address)
West Palm Beach, Florida 33407
(City) (Zip Code)

08 JUN 19 AM 11:10
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Amerigo Foriere	18789 SE Windward Island Lane Jupiter FL 33458	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	Janice Foriere	18789 SE Windward Island Lane Jupiter, FL 33458 MGR	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGR	*Amerigo Foriere, Trustee	P O Box 30247 Palm Beach Gardens, FL 33420	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	*Janice M. Foriere, Trustee	P O Box 30247 Palm Beach Gardens, FL 33420	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<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.)*

*Please list full MGR title as:AMERICO FORIERE a/k/a AMERIGO FORIERE as
Co-Trustee with Janice M. Foriere of the Amerigo Foriere a/k/a Amerigo Foriere
Revocable Trust under Agreement dated December 18,2007

MGR: JANICE M. FORIERE as Co-Trustee with Amerigo Foriere a/k/a Amerigo
Foriere of the Janice M Foriere Revocable Trust under Agreement dated 12/18/07

Dated April 18, 2008


Signature of a member or authorized representative of a member

Janice Foriere

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 JUN -9 AM 11:10

FILED