

FROM :

LO30000 42489

FAX NO. :

Mar 31 2008 04:45 PM ET

Page 1 of 1

Division of Corporations

Florida Department of State
Division of Corporations
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To:

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

From:

Account Name : PIERRE AND ASSOCIATES LLC
Account Number : I20050000192
Phone : (561)266-5757
Fax Number : (561)266-8531

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TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

PIERRE AND ASSOCIATES L.L.C.

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TALLAHASSEE, FLORIDA

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FROM :

FAX NO. :

Mar. 31 2008 04:44PM P2

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: PIERRE AND ASSOCIATES LLC
(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:

MARIE D PIERRE
(Name of Person)

(Firm/Company)

100 E LINTON BLVD SUITE 300A
(Address)

DELRAY BEACH, FLORIDA 33483
(City/State and Zip Code)

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 TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

MARIE D PIERRE at (**561**) **266-5757**
(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 Excoute Center Circle
 Tallahassee, FL 32301

FROM :

FAX NO. :

Mar. 31 2008 04:44PM P3

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

PIERRE AND ASSOCIATES 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 10/31/2003 and assigned Florida document number L03000042489.

This amendment is submitted to amend the following:

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

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: MARIE D PIERRE
New Registered Office Address: 100 E LINTON BLVD SUITE 300A
(Enter Florida street address)
DELRAY BEACH, Florida 33483
(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)

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FROM :

FAX NO. :

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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

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|------------------|--|--|
| MGRM | CHARLES J PIERRE | 415 GAZETTA WAY WEST PALM BEACH, FL 33413 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <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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 PALM BEACH, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated _____



 Signature of Member or authorized representative of a member
 MARIE D PIERRE

 Typed or printed name of signee