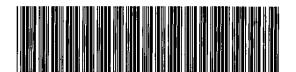
## L04000033869

| (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



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& BRYAN DEC 1. 8-2007

## **COVER LETTER**

TO:

**Registration Section** 

| Division of           | f Corporations                                                               | •                                                                                                                       |                                                                                          |
|-----------------------|------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------|
| SUBJECT:              | PALM GR                                                                      | OUP REALTY, LLC                                                                                                         |                                                                                          |
| 3000ECT               |                                                                              | mited Liability Company)                                                                                                |                                                                                          |
| The enclosed Article  | es of Amendment and fee(s) are so                                            | ubmitted for filing.                                                                                                    |                                                                                          |
| Please return all cor | respondence concerning this matte                                            | er to the following:                                                                                                    |                                                                                          |
|                       |                                                                              | JOSH WAKSTEIN                                                                                                           |                                                                                          |
|                       |                                                                              | (Name of Person)                                                                                                        | pang                                                                                     |
|                       | P/                                                                           | ALM GROUP REALTY, LLC                                                                                                   | 97 C                                                                                     |
|                       |                                                                              | (Firm/Company)                                                                                                          | )EC                                                                                      |
|                       |                                                                              | 204 A ELLEN LANE                                                                                                        | O7 DEC 17 PM 3: 21                                                                       |
|                       | <del></del>                                                                  | (Address)                                                                                                               | 79 OR                                                                                    |
|                       | PANA                                                                         | AMA CITY BEACH, FL 32408                                                                                                | 3: 2<br>2: 2                                                                             |
|                       |                                                                              | (City/State and Zip Code)                                                                                               |                                                                                          |
| For further informat  | ion concerning this matter, please                                           | call:                                                                                                                   |                                                                                          |
| JOSH WAKSTEIN         |                                                                              | at (850 ) 234-6112                                                                                                      |                                                                                          |
| (N                    | lame of Person)                                                              | (Area Code & Daytime 1                                                                                                  | 'elephone Number)                                                                        |
| Enclosed is a check   | for the following amount:                                                    |                                                                                                                         |                                                                                          |
| \$25.00 Filing Fe     | e \$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) |
| Re<br>Di<br>P.        | egistration Section ivision of Corporations O. Box 6327 allahassee, FL 32314 | STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 32301 | ons<br>r Circle                                                                          |

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



| PALM GROU                                                    | JP REALTY, LLC                                                    |                             |                       |
|--------------------------------------------------------------|-------------------------------------------------------------------|-----------------------------|-----------------------|
| (Name of the Limited Li<br>(A F                              | ability Company as it now appe<br>orida Limited Liability Company | ars on our records.)        |                       |
| (                                                            |                                                                   | ,                           |                       |
| The Articles of Organization for this Limited Liab           | ility Company were filed on                                       | 04/27/2004                  | and assigned          |
| Florida document number <u>L04000033869</u>                  | <u></u> •                                                         |                             |                       |
|                                                              |                                                                   |                             |                       |
| This amendment is submitted to amend the follow              | ing:                                                              |                             |                       |
|                                                              |                                                                   |                             |                       |
| A. If amending name, enter the new name of the               | ne limited liability company he                                   | ere:                        |                       |
|                                                              |                                                                   |                             |                       |
| The new name must be distinguishable and end with t "L.L.C." | he words "Limited Liability Com                                   | pany," the designation "LLC | " or the abbreviation |
|                                                              |                                                                   |                             |                       |
| B. If amending the registered agent and/or                   |                                                                   | our records, enter the      | name of the new       |
| registered agent and/or the new registered offic             | <u>e address here</u> :                                           |                             |                       |
|                                                              |                                                                   |                             |                       |
| Name of New Registered Agent:                                |                                                                   |                             |                       |
| Name of New Registered Agent.                                | ·                                                                 |                             |                       |
| New Registered Office Address:                               |                                                                   |                             | 1                     |
|                                                              | (Enter Florida street address)                                    |                             |                       |
|                                                              |                                                                   |                             |                       |
|                                                              | (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)

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 = Ma     | naging Member                          |                                                                             |                                                                       |
|---------------|----------------------------------------|-----------------------------------------------------------------------------|-----------------------------------------------------------------------|
| <u>Title</u>  | <u>Name</u>                            | Address                                                                     | Type of Action                                                        |
| MGRM_         | Reed, Harriet B                        | 204-A ELLEN LANE<br>PANAMA CITY BEACH, FL 32408                             | Add Remove                                                            |
| MGRM_         | Osborne, Martha Carol                  | 204-A ELLEN LANE<br>PANAMA CITY BEACH, FL 32408                             | Add Remove                                                            |
| <del></del>   |                                        |                                                                             | Add Remove                                                            |
|               |                                        |                                                                             | Add<br>Remove                                                         |
|               |                                        |                                                                             | Add<br>Remove                                                         |
|               |                                        |                                                                             | Add<br>Remove                                                         |
| D. If amendin | DECEMBER 14 , 2007                     | (s) here: (Attach additional sheets, if necessary.)                         | SECRETARY OF STATE SECRETARY OF CORPORATIONS DIVISION OF CORPORATIONS |
|               | DO NOTE                                | W MG RM                                                                     |                                                                       |
| ~             | Signature/dt/a member o  JOS  Typed of | Pauthorized representative of a member SH WAKSTEIN r printed name of signee |                                                                       |

Page 2 of 2

Filing Fee: \$25.00