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C. LEWIS

JUL 7 2009

EXAMINER

## **COVER LETTER**

Division of Co	orporations					
M CHRIST.	Metzger Fa	mily Holdings, LLC				
SUBJECT:	<del></del>	ited Liability Company				
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.				
Please return all corres	pondence concerning this matte	r to the following:				
		John Freeland				
	Name of Person					
	Metz	Metzger Family Holdings, LLC				
		Firm/Company				
	222 Lak	222 Lakeview Avenue, Suite 160-365				
		Address				
	West I	West Palm Beach, Florida 33401				
		City/State and Zip Code				
	Louar E-mail address: (	ation)				
For further information	concerning this matter, please of	call:				
Louise A Barrette			02-6226			
Name	of Person	Area Code & Daytime	Felephone 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:

TO:

**Registration Section** 

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

FILED

2009 JUL -6 PM 3: 18

(Name of the Limited I	ger Family Liability Compa Florida Limited L	Holdings, LLC ny as it now appears on iability Company)	SECRETA	RY OF STATE SSEE. FLORIDA	
The Articles of Organization for this Limited Lia Florida document number	bility Company			and assigned	
This amendment is submitted to amend the follows.  A. If amending name, enter the new name of	_	ility company here:			
The new name must be distinguishable and end with 'L.L.C."	the words "Limi	ted Liability Company,"	the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:		5100 S Dixie Highway, Suite 6			
(Principal office address MUST BE A STREET	Principal office address MUST BE A STREET ADDRESS)		West Palm Beach, Florida 33405		
Enter new mailing address, if applicable:	222 Lakeview Avenue, Suite 160-365				
(Mailing address MAY BE A POST OFFICE B B. If amending the registered agent and/o		West Palm Beac			
registered agent and/or the new registered off					
Name of New Registered Agent:	John Freela	nd	<u></u>		
New Registered Office Address:	5100 S Dixi	e Highway, Suite 6  Enter F	lorida street addi	ress	
	Wes	t Palm Beach	_, Florida	33405	
		City	,	Zip Code	
N DO LA LA ALON A MONTA LA DE					

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, <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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR_	Metzger, Charles	2102 NW 5th Street Boca Raton, FL 33486	Add 7 Remove
MGR_	Metzger, Bonnie J	610 NW 9th Court Boca Raton, FL 33486	Add  ✓ Remove
MGR	Freeland, John	222 Lakeview Avenue, Suite 160-3 West Palm Beach, Florida 33401	65
MGRM	Freeland, John	222 Lakeview Avenue, Suite 160-3 West Palm Beach, Florida 33401	65
MGR_	Barrette, Louise A	2870 Antietam Lane West Palm Beach, Florida 33409	✓Add Remove
D. If amend	ling any other information, ent	er change(s) here: (Attach additional sheets, if necessa	Add Remove
Dated	June 26 Signature of	, 2009	TALLARY OF
		John Freeland	STA J
		Typed or printed name of signee	OF O

Page 2 of 2

Filing Fee: \$25.00