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SECRETARY OF STATE
AND AHASSEE, FLORID.

J. BRYAN

OCT 1 9 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: PRIVATE EQUITY FUNDOF WEST FLORIDA 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:
ARTHUR. E. WORTH Name of Person PRIVATE EQUITY FUND OF WEST FL WEST Firm/Company IIBI MAINSAIL CIRCLE Address PALM HARBOR FL 34685 City/State and Zip Code
1131 MAINSAIL CIRCLE Address O. 11
PALM HARBOR FC 34685 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Area Code & Daytime Telephone Number Area Code & Daytime Telephone Number
Enclosed is a check for the following amount: \$\sum_{\sum_{0.00}}\$\$ \text{S25.00 Filing Fee} \text{ \$\sum_{0.00}}\$\$ \text{S30.00 Filing Fee} \text{ \$\sum_{0.00}}\$\$ Certificate of Status \text{ Certified Copy (additional copy is enclosed)}} \text{ \$\sum_{0.00}\$ Filing Fee, \text{ Certified Copy (additional copy is enclosed)}} \text{ \$\text{Certified Copy (additional copy is enclosed)}} \$\t

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314 - 12221

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

PRIVATE EQUITY	-und of WEST	t thomiba blo	·
(Name of the Limited Liat (A Flor	oility Company as it now app ida Limited Liability Compan	ears on our records.)	
The Articles of Organization for this Limited Liabili Florida document number	ty Company were filed on _	<i>t</i>	and assigned
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company	here:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Con	mpany," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable	<u></u>	<u> </u>	9 9
(Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	2		LED AMII: 56 ARK OF STATE ARK OF STATE
B. If amending the registered agent and/or registered agent and/or the new registered office		n our records, enter t	he name of the new
Name of New Registered Agent:			
New Registered Office Address:		Enter Florida street add	rass
			7 233
_	City	, Florida	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 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 **Type of Action Address** GENERAL ARTHUR E. WORTH MANAGER 1131 MAINSAIL CIRCLE PALM HARBOR, FC 34685 ∏ Add Remove _ Add Remove ∏ Add Remove \square Add Remove ∏Add __Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) CHANGE TITEDNLY Dated _ 2 WOV Signature of a member or authorized representative of a member ARTHUR E. WORTH

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00