L05000002453

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T. HAMPTON

JUN - 2 2008

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corp	tion orations		
SUBJE	rt. B	AA, LLC		
ЗОВЯ		(Name of Lin	nited Liability Company)	
The end	closed Articles of A	mendment and fee(s) are sul	omitted for filing.	
Please	return ail correspon	dence concerning this matter	r to the following:	
		Robert A. D	'Angio, Jr., Esq.	···
			(Name of Person)	
		Robert A. D	'Angio, Jr., P.A.	
			(Firm/Company)	
		685 Royal P	alm Beach,Blvd, #205	
			(Address)	······································
		Royal Palm	Beach, FL 33411	
			(City/State and Zip Code)	
For fur	ther information co	ncerning this matter, please of	call:	
	Robert A. D	'Angio, Jr.	at (561)793-1200	
`	(Name of	Person)	(Area Code & Daytime T	elephone Number)
Enclose	ed is a check for the	e following amount:		
\$25	.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

SECRETARY TALLAHASSE	80	
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BAA, LLC			STA :	D
(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appea ability Company)	rs on our records.)	- BH 57	
The Articles of Organization for this Limited Liability Company v	were filed on	1/11/2005	and assign	ıed
Florida document number <u>L05000002953</u>				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	lity company her	<u>re</u> :		
Devlyn, LLC				
The new name must be distinguishable and end with the words "Limite" L.L.C."	ed Liability Compa	any," the designation "	LLC" or the abbi	reviation
Enter new principal offices address, if applicable:		<u> </u>	<u> </u>	
(Principal office address MUST BE A STREET ADDRESS)	2510_"A"	Road		
	Loxahatcl	nee, FL 33470		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here:	ce address on o	our records, <u>enter</u>	the name of t	<u>he new</u>
Name of New Registered Agent:			<u> </u>	
New Registered Office Address:	/E	utan Elauida atrast	del	
	(E	nter Florida street aa	iaress)	
	(Citv)	, Florida	(Zin Code)	
	TOMP		(Zin Coae)	

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, <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 Title ' <u>Address</u> **Type of Action** Name 1 2510 "A" Road MGRM Heidi A. Breen ☐ Add Loxahatchee, FL 33470 XXX Remove □ Add Remove Remove Remove □ Add Remove 🗖 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) May 23 Dated _

Typed or printed name of signee

MICHAEL A. BREEN

Page 2 of 2

Signature of a member or authorized representative of a member

Filing Fee: \$25.00