LOSCO033593

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	
(City	/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Na	me)
(Doc	ument Number)
Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	

Office Use Only



300123211283

04/15/08--01015--020 **25.00 .

08 APR 15 PH 3: 14

G. MCLEOD

APR 1 6 2008

EXAMINER

COVER LETTER

TO: Registration Division of C			
SÜBJECT: FAULK	NER CAPITAL MANAG	EMENT, LLC	
The state of the s	(Name of Lim	nited Liability Company)	
The enclosed Articles	of Amendment and fee(s) are sul	bmitted for filing.	
Please return all corres	pondence concerning this matter	r to the following:	
**************************************	PETER Z. KAMENE	SH, ESQ.	
		(Name of Person)	1
	LAW OFFICES OF F	PETER Z. KAMENESH, PA	
4 F 4	*	(Firm/Company)	
	2601 SOUTH BAYS	HORE DRIVE, PENTHOUSE	<u> 1-A</u>
		(Address)	
ing to the second secon	COCONUT GROVE	E. FL 33133	
		(City/State and Zip Code)	
For further information	concerning this matter, please of	call:	
PETER Z. KAME	NESH	at (305) 859-2377	
	e 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)
MAI	LING ADDRESS:	STREET/COURIER	R ADDRESS:

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



FAULKNER CAPITAL MAN	AGEMENT, LLC		
(Name of the Limited (A	Liability Company as it now appears of Florida Limited Liability Company)	n our records.)	
The Articles of Organization for this Limited Lie			
Florida document number <u>L05000033593</u>	**************************************		
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability company here:	•	
N/A			
The new name must be distinguishable and end with "L.L.C."	n the words "Limited Liability Company,	"the designation "LLC" or the abbreviation	
B. If amending the registered agent and/o registered agent and/or the new registered off		records, enter the name of the new	
Name of New Registered Agent:	J. DOUGLAS FAULKNER		
New Registered Office Address:	1850 SOUTH EAST 17TH STREET, SUITE 107B		
THE THE STATE OF T	Florida street address)		
•	FT. LAUDERDALE	, Florida <u>33316</u>	
	(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 vor Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u> Fitle</u>	<u>Name</u>	Address	Type of Action
MGR_	Faulkner Management, Inc	1850 SOUTH EAST 17TH STREET SUITE 107B FT. LAUDERDALE, FL 33316	Add Remove
			Add Remove
	· ·		Add Remove
,		N Control of the Cont	Add Remove
			Add Remove
			Add Remove
). If amen	ding any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	_
_		,	
			<u> </u>
Dated APF		<u></u>	
	J. DOUGLAS FAULKNER, MEME	r or authorized representative of a member BER	
	Typed	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00