## L05000039259

**EXAMINER** 



700157265357

SECRETARY OF STATE TALLAHASSEE, FLORIDA

JUN 17 PH 1:45

06/17/09--01033::-008

\*\*25.00

## **COVER LETTER**

ТО:	Registration Section Division of Corporations
SUBJE	<sub>CT:</sub> The Danis Group, Ilc
,	Name of Limited Liability Company
The enc	losed Articles of Amendment and fee(s) are submitted for filing.
Please r	eturn all correspondence concerning this matter to the following:
	Leighton D. Westlake, Jr.
	Name of Person
	The Danis Group, Ilc
	Firm/Company
	10175 Flag Drive
	Address
	Palm Beach Gardens, FL 33410-4775
	City/State and Zip Code
	leighton@thedanisgroup.com E-mail address: (to be used for future annual report notification)
For furt	her information concerning this matter, please call:
	Leighton D. Westlake, Jr. at ( 561 ) 799-5280
	Name of Person Area Code & Daytime Telephone Number
Enclose	d is a check for the following amount:
<b>▼</b> ]\$25.	00 Filing Fee \$\bigcup \\$30.00 Filing Fee & \bigcup \\$55.00 Filing Fee & \bigcup \\$60.00 Filing Fee, \\ Certificate of Status & \\ (additional copy is enclosed) \\ (additional copy is enclosed) \\ (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

The Da	nis Group, Ilc				
( <u>Name of the Limited Liability Co</u> (A Florida Lim	mpany as it now appea ited Liability Company)	rs on our records.)			
The Articles of Organization for this Limited Liability Com	pany were filed on	04/21/2005	and a	_ and assigned	
Florida document numberL05000039259					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited	liability company her	<u>re</u> :			
No	Change				
The new name must be distinguishable and end with the words "L.L.C."	'Limited Liability Compa	any," the designation		e abbreviati	
Enter new principal offices address, if applicable:	No Change		SECK		
(Principal office address MUST BE A STREET ADDRES	<u> </u>		HAS		
Enter new mailing address, if applicable:			17 PH 1: 45  RYOF STATE SSEE. FLORID	in O	
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registere registered agent and/or the new registered office address		our records, <u>ent</u> e	er the name	of the ne	
registered agent and/or the new registered office address	s nere:				
Name of New Registered Agent: No Cha	nge		and an arrange of the first of the second of the second		
New Registered Office Address:	Er	nter Florida street	address		
		. Florida			
	City		Zip Co	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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

**Title** <u>Name</u> Address **Type of Action** DIR Anne M. Squitieri 6654 79th Ave N √ Add Pinellas Park, FL 33781 ☐ Remove DIR Scott L. Westlake 160 Oak St ✓ Add Remove Bechtelsville, PA 19505 Add 🔲 ☐ Remove ■Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) No Other Amendments 2009 June 16 Dated\_ Signature of a member or authorized representative of a member Leighton D. Westlake, Jr. Typed or printed name of signee

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Filing Fee: \$25.00