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L. SELLERS

OCT 2 1 2008

From:

Account Number : I20000000225 Phone : (305)520~8056 Fax Number : (305)448-6647

Account Name : DEL MONTE FRESH PRODUCE COMPANY EXAMINER

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BAILEY WOLFE, PLLC

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10/20/2008

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COVER LETTER

TO: Registration : Division of Co			
SUBJECT: BAILE	Y WOLFE, PLLC		0
		nited Liability Company)	
The enclosed Articles of	f Amendment and fec(s) are su	bmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
	Jeffrey S. Bailey		
		(Name of Person)	
•	Bailey & Associates, A L	aw Firm, P.A.	
		(Firm/Company)	· ,
	PO Box 14-0848	•	•
		(Address)	
	Coral Gables, FL 33114	-0848	
	-	(City/State and Zip Code)	· · · · · · · · · · · · · · · · · · ·
For further information	concerning this matter, please o	BII:	,
Jeffrey S. Bailey		at (305) 520-8155	
(Name	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for t	he following amount:		
2 \$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: 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

08 OCT 20 AH 8:

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BAILEY WOLFE, PLLC		
(Name of the Limited Liability Compa (A Florida Limited I	iny as it now appears on our reco Liability Company)	<u>ras.</u>)
The Articles of Organization for this Limited Liability Company Florida document number _L05000046882	were filed on 05/11/2005	and assigned
· iones document fittings.		
This amendment is submitted to amend the following:	,	
A. If amending name, enter the new name of the limited liab	ollity company here:	
THE BAILEY LAW GROUP, PLLC	·	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the desig	nation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	241 Sevilla Avenue	
(Principal office address MUST BE A STREET ADDRESS)	<u> Markelli ja </u>	
	Coral Gables, FL 33134	
Enter new mailing address, if applicable:	12 17 ₄ , 9y	·
(Mailing address MAY BE A POST OFFICE BOX)		
	to a six of	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	<u> </u>	
	(Enter Florida s	treet address)
		rida
	(City)	(Zlp 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 or Managing Member being added or removed from our records:

Deimonte

Title	<u>Name</u>	Address	Type of Action
		. :	Add Remove
			Add Remove
			Add Remove
•			Remove
			Add Remove
	<u> </u>		Add
			Add Remove
D. If amending	g any other information, enter chan	ge(s) here: (Attach additional sheets, if necessar	y.)
			<u> </u>
			081 SEC
Dated October 2	200 , 2008)	
_	Signature of a morabe	of authorized representative of a member	- 67 B
	Jeffrey S. Balley		
	Турес	d or printed name of signee	
		Page 2 of 2	8: 14 STATE SORIDA
	I	Illing Fee: \$25.00	>