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(Requestor's Name)	
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TRANSMITTAL LETTER

TO: Registration Sec Division of Cor						
SUBJECT: The Doctor	r and Mrs. Colaizzo Family,	LLC				
30b3ec1		mited Liability Company)			
	Amendment and fee(s) are sub	-				
F	aul Safran					
-	(î	Name of Person)				
Ryan 8	k Ryan Attorneys, P.A.					
	()	Firm/Company)	· · · · · · · · · · · · · · · · · · ·			
11891 U.S	. Highway One, Suite 201					
		(Address)		₩.	-	
Nor	th Palm Beach, Florida 3340	08		LLA	5. E	77
	(City/	State and Zip Code)		HAS	JUN 29	Establishment Carl Married
For further information of	oncerning this matter, please o	call:		SEE, FL	PMI	
Teresa Norvell		at (_561	691-1766		= 2	A PROPERTY.
	(Name of Person)		e & Daytime T	Telephone Number	r)	
Enclosed is a check for the	following amount:					
S25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	 \$55.00 Filing Fee & Certified Copy (additional copy is 		S60.00 Filing Certificate of Sta Certified Copy (additional copy	itus &	ed)
C TDF	FT ADIDDESS	NA AT T	NC ADDDE	ee.		

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

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

The Doctor and Mrs. Colaizzo Family, LLC

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Present Name)
(A Florida Limited Liability Company)

FIRST:	The Articles of Organization were filed on May 23, 2005 and assigned document number L05000051164							
SECOND:	The following amendment(s) to the Articles of Organization was/were adopted by the liability company:	limited						
	It is hereby unanimously accepted and approved that the principal address and mailing address 9283 S.E. Cove Point Street, Tequesta, Florida 33469.	is are changed to						
	ASSEE, FLOR	Colaizzo, is						
Dated June	222	4.						
	Signature of a member of authorized representative of a member							
	Philip Colaizzo							
Typed or printed name of signee								

Filing Fee: \$25.00