## L05000098035

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S. HAWKES
FEB 1 2 2010
EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations									
SUBJE	CT:		PINOAK CAPITA	С					
5525				ted Liability Company					
The enclosed Articles of Amendment and fee(s) are submitted for filing.									
Please return all correspondence concerning this matter to the following:									
•				CRISTY CAMPBELL					
				Name of Person					
·									
				PO BOX 608066					
				Address					
			ORI	ANDO, FL 32860-8066 City/State and Zip Code					
	City/State and Zip Code  CACAMPBELL@TPCFLORIDA.COM								
		•	E-mail address: (1	to be used for future annual report not	ification)				
For furt	her infort	nation con	cerning this matter, please c	all:					
			CAMPBELL	at (_407 )	284-4325				
Name of Person			erson	Area Code & Daytii	me Telephone Number				
Enclose	d is a che	ck for the f	following amount:						
\$25.	00 Filing	Fee [	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
		Registration of P.O. Box	G ADDRESS: on Section of Corporations 6327 ee, FL 32314	STREET/COUR Registration Sect Division of Corpo Clifton Building 2661 Executive C	orations				

Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

PINOAK CAPITAL IN	VESTMENTS	S, LLC	
(Name of the Limited Liability Compar (A Florida Limited L	iy as it now appear iability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	10/04/2005 = and assigned	
Florida document numberL05000098035		FB FI	
This amendment is submitted to amend the following:		LED #1	
A. If amending name, enter the new name of the limited liabi	lity company here	95 5	
PINOAK WAREHOUSE MAN		OUP, LLC	
The new name must be distinguishable and end with the words "Limit "L.L.C."	ted Liability Compar	ny," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	2611 TECHN	OLOGY DRIVE	
(Principal office address MUST BE A STREET ADDRESS)	SUITE 200E		
	ORLAND, FL	32804	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
	<del></del>		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		ur records, <u>enter the name of the new</u>	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
<u> </u>		, Florida	
	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 or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Ad	dress	Type of Action
MGRN	DOUGLAS F. LC		D BOX 60800 RLANDO, FL-32860-8066	Add  Remove
<u>MGR</u>	Old Bedford Oak	SL	2 KATONAH AVE JITE 158 TONAH, NY 10536	Add Remover
				Remove
·				Add Remove
	_			Add Remove
D. If an		_	re: (Attach additional sheets, if necessors SE MANAGEMENT GROUP, LL	- 1
	REMOVE: DOUGLAS			
	ADD: OLD BEDFORD	OAK HOLDINGS, L	LC AS MANAGER	
Dated _	Feb. 10	, 2010	· ///	
	Sign		orized representative of a member	
	<del></del>		ed name of signee	

Page 2 of 2

Filing Fee: \$25.00