

## Florida Department of State

Division of Corporations Public Access System

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(((H09000219272 3)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FRANK H. FEE, III, ESQUIRE

Account Number : I19990000154 Phone : (772)461-5020 Fax Number : (772)468-8461

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

FEE, DEROSS & FEE, P.L.

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S. HAWKES

OCT 1 4 2009

**EXAMINER** 

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## ARTICLES OF AMENDMENT (((H09000219272 3))) TO ARTICLES OF ORGANIZATION OF

FE	E, DeROSS	& FEE, P.L	•		
(Name of the Limited	Liability Compai Florida Limited L	v as it now appea lability Company)	rs on our records.)	<del></del>	
The Articles of Organization for this Limited L	iability Company	were filed on	July 7, 2006	and assigned 🖍	
Florida document number L0600006	8336	•		9% C.	
This amendment is submitted to amend the foll	owing:				
A. If amending name, enter the new name o	f the limited liab	<u>ility company he</u>	re:	17.07.	
FDF	ATTORNEY A	FFILIATES, P.	L	957	
The new name must be distinguishable and end wind.L.C."	th the words "Limi	ted Liability Comp	any," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applic	426 Avenue A				
(Principal office address MUST BE A STREET ADDRESS) Fort Pierce, Florida 345			Florida 34950		
		, <del></del>			
Enter new mailing address, if applicable:	426 Avenue A				
(Mailing address MAY BE A POST OFFICE BOX)		Fort Pierce, Florida 34950			
B. If amending the registered agent and			our records, enter 1	he name of the nev	
registered agent and/or the new registered of	<u>ince address her</u>	<u>e</u> :			
Name of New Registered Agent:					
New Registered Office Address:	New Registered Office Address: 426 Avenue A				
<u>-</u>		Enter Florida street address			
	F	ort Pierce	, Florida	34950	
		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

Page 1 of 2

No. 7998 P. 3 (((H09000219272 3)))

If amending the Managers or Managing Members on our records, enter the title, name 100 0002 192 22 11 1 haager or Managing Member being added or removed from our records:

MGR = Mar MGRM = M	nager lunaging Member		200 1
<u>Title</u>	Name	Address	Type of Action
MGRM	FRANK H. FEE, III	500 Virginia Avenue, Sulte 200 Fort Pierce, Florida, 34982	Type of Action  Add Action Remove
MGRM	JOSEPH J. DeROSS, JR.	500 Virginia Avenue, Suite 200 Fort Pierce, Florida 34982	Add 7 Remove
<u>MGRM</u>	FRANK H. FEE, IV	500 Virginia Avenue, Suite 200 Eort Pierce, Florida, 34982	Add Remove
<u>MGRM</u>	FEE & FEE, P.L.	426 Avenue A Fort Pierce, Florida 34950	Add Remove
MGRM_	JOSEPH J.DeROSS,JR,PA.	426 Avenue A Fort Pierce, Florida 34950	✓Add Remove
			Add Remove
D. If ament	ling any other information, enter chang	e(\$) here: (Anach additional sheets, if necessary.)	
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			_ <del>_</del>
	cober 13 200°	0	
Dated Oct	200 200 200 200 200 200 200 200 200 200	en de	
	<del></del>	r or authorized representative of a member	
		KH. FEE, III, Member	<u></u>
	Typed	or printed name of signed	

Page 2 of 2

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