L0700004988

(Requestor's Name)
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OF CORPORATIONS

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9 8: 54 STATE FLORIDA



N SERVICE COMPAN	r		
•	ACCOUNT NO.	: 072100000	032
•	REFERENCE	: 752613	7571625
	AUTHORIZATION	: Levels of	enan
	COST LIMIT	: \$ 25.00	•
ORDER DATE :	February 9, 2007		
ORDER TIME :	3:27 PM		
ORDER NO. :	752613-005		
CUSTOMER NO:	7571625		•
	DOMESTIC AM	ENDMENT FILIN	<u>IG</u>
NAME:	PALM BEACH CON	CIERGE LLC	
EFFECTI	VE DATE:		
X ARTICLE	S OF AMENDMENT		
PLEASE RETURN	THE FOLLOWING AS	PROOF OF FILI	NG:
	STAMPED COPY SEE ATTACHED CERT	IFIED COPY RE	QUEST **

EXAMINER'S INITIALS:

CONTACT PERSON: Troy Todd -- EXT# 2940

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

V

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SECRETART OF STATE TALLAHASSEE, FLORIDA

PALM BEACH CONCIERGE LLC

(Present Name)
(A Flori la Limited Liability Company)

FIRST:	The Articles of Organization were filed on January 16, 2007 and assigned document numberL07000004988								
SECOND:	This amendment is submitted to amend the following:								
	ARTICLE I: The LLC name of Palm Beach Concierge LLC to be changed to the following:								
	PALM BEACH PERSONALIZED SERVICES, LLC								
	ARTICLE IV: The Registered Agent is being changed from Elizabeth Gagnon to the following:								
	CORPORATION SERVICE COMPANY								
	1201 Hays Street								
	Tallahassee FL 32301								
Dated	FEBRUARY 07								
	/S/ ELIZABETH GAGNON Signature of a member or authorized representative of a member								
	ELIZABETH GAGNON								
	Typed or printed name of signee								

Filing Fee: \$25.00

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of	of the Limited Liability	y Company is:		
PALM BEACH	PERSONALIZED SERVI	ICES, LLC		
2. The name a	and the Florida street a	address of the registered agent and office are:		
	O7 F SEC TALL			
		(Name)	LAHA RELIA	7]
	1201 Hays Street		ISSER	
	Florida St	treet Address (P.O. Box NOT ACCEPTABLE)	# SI 8	
	Tallahassee	FL 32301	ATE ORIDI	
		City/State/Zip		

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating 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, Florida Statutes.

Corporation Service Company
By: (Signature)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)