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(Requestor's I	Name)			
()	· ····,			
(Address)				
(13.2.2.2.7)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP. W	AIT MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies Cert	ificates of Status			

Special Instructions to Filing Officer:

L. SELLERS

OCT 2 0 2008

EXAMINER

Office Use Only



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10/17/08--01009--016 **25.00

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COVER LETTER

TO:

TO: Registration Solution of Co.				
SUBJECT:	Palm Beach F	Point 10 LLC		
	(Name of Lim	nited Liability Company)		
		\		
The enclosed Articles of	Amendment and fee(s) are sub-	hmitted for filing		
		-		
Please return all correspondence	ondence concerning this matter	to the following:		
		Sections (Name of Person) Bections (Firm/Company)		
		(Name of Person)		
	(-a.1 P.	iseding		
	(Stara V)	(Firm/Company)		
		0// 0//		
		Slades Corner Rd. (Address)		
	So. Da	tmost, MA 027	48	
		(City/State and Zip Code)		
For further information of	concerning this matter, please of	call:		
(soute a T	1 protein	54 BBG-1	150	
(Name	of Person)	at (3 00) 00 7 00 (Area Code & Daytime T	at (SOB) 889 - 0150 (Area Code & Daytime Telephone Number)	
`	,	, , ,	•	
Enclosed is a check for t	he following amount:			
\$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)	
MAII	ING ADDRESS:	STREET/COURIER	ADDRESS:	
Registration Section		Registration Section		
	on of Corporations Sox 6327	Division of Corporation Clifton Building	ons	
\	assee, FL 32314	2661 Executive Center Tallahassee, FL 32301		
	y de	Lallahassee, FL 32301		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			Add Remove	
<u>_</u>			- N	
			- D	
			Damous	
			 ,	
			Add Remove	
D. If amen	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if nece	ssary.)	
_				
	(08 0C	
Dated	- 10/14/08 Slany ()	Leinter mente Grand Pois	Shavings, LLC	
	Signature of a member	er or authorized representative of a member Monayon d or printed name of signee	1 6: 23	
	1,700		** ===	

Page 2 of 2

Filing Fee: \$25.00