L08000013081

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
A. LUNT
MAY 2 7 2008
EXAMINER

Office Use Only



800129921708

05/22/08--01025--022 **60.00

COVER LETTER

	•				_	•				
то: `		ation Secti n of Corpo		•						
SUBJE	or.	PARA	NKE	PONDS	110	,				
SUBJI	sci:	1 / 110/	121 40			ed Liability Company)				
The en	closed Ar	ticles of An	nendment	and fee(s) as	e subm	itted for filing.				
Please	return all	correspond	ence conc	erning this n	atter to	the following:				
				MAT	THE	W J GABRIELL (Name of Person)	.1			
				PAR	ADIS	FONDS LLC (Firm/Company)				
							WAY			
						(Address)			TAL S	~
				TACK	(5)/4	(Address) (NULE, FL 37758 (City/State and Zip Code)	ž.		LCC I	20
				<u> </u>	(City/State and Zip Code)			MAY 2, ETARY MASSE	7
For fur	ther infor	mation con	cerning th	is matter, ple	ase call	l :			CFSI	TILED
	MATT	(Name of I	(JABRI Person)	IELLI		at (<u>104</u>) 483-0 (Area Code & Day	いてする ytime Teleph	one Number	1: 05 ATH:	
Enclos	ed is a che	eck for the	following	amount:						
\$25	i.00 Filing	3 Fee		Filing Fee & ficate of Stat		□\$55.00 Filing Fee & Certified Copy (additional copy is enclo		Certified	te of Status &	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	PONDS LL			<u>. </u>		
(Name of the Limited Lin (A F)	ability Company orida Limited Lia	as it now ar bility Compa	opears on our my)	records.)		
The Articles of Organization for this Limited Liabi		ere filed on	FEBRUA	RY,4,70	≫ 8 and assig	ned
This amendment is submitted to amend the following	ing:					
A. If amending name, enter the new name of th	e limited liabili	ty company	<u>/ here</u> :			
The new name must be distinguishable and end with the "L.L.C."	ne words "Limite	d Liability C	ompany," the	designation '	'LLC" or the ab	breviation
Enter new principal offices address, if applicable	le:				TAS 2	
(Principal office address MUST BE A STREET A	ADDRESS)				ECR ADJ	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>			5 5 2	MAY 22 P 1: 05 ETARY OF STATE HASSEE, FLORIDA	TLED
B. If amending the registered agent and/or registered agent and/or the new registered office			on our rec	ords, <u>enter</u>	the name of	the new
Name of New Registered Agent:	MATT	HEW	JOHN	GABRI	ELLI	
New Registered Office Address:	14511	STARB	(Enter Flo	CINCTS W		
	JACKSO	NNLLE		_, Florida _	32258	
	tut 3 A 4	(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.

Mut Sabuelli
(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:

	Manager = Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
		LLAHASSE	Add Remove
		E. FLORID	Add Remove
			Add
D. If an		ge(s) here: (Attach additional sheets, if necessary.)	
		HVE CHANGED MY LAST NAME W JOHN GABIQELLI. THEREF	
	NEED TO CHANGE IT	ON THE STATE PECORDS.	<u> </u>
Dated_	MAY 12, 2008,	•	
	Mut Signature of a member	Sakielli' er or authorized representative of a member	
	•	ZABRIELLI d or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00