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EXAMINER



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COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: PAPE		S PALM BEACH, L	LC
	(Name of Emil	ted Elability Company)	
The england Amiologic	A	nited for films	
ine enclosed Articles of A	Amendment and fee(s) are sub-	nitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	JAMES	S A. PAPPAS	
		(Name of Person)	
		(Firm/Company)	
	411 7	th St, Units 5 \$	6
		(Address)	
	West	Palm Beach, FL	33401
	<u> </u>	(City/State and Zip Code)	- 11
For further information of	oncerning this matter, please ca	di.	
		ш.	
James A	Pappas	at (561) 802.89	059
(Name o	f Person)	(Area Code & Daytime	Telephone Number)
Enclosed is a check for th	e 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

MAILING ADDRESS:

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

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



PAPPAS PROPERTIES PALM BEACH, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liabil Florida document number		ere filed on 2	/12/2008	and assigned
This amendment is submitted to amend the following	ıg:			
A. If amending name, enter the new name of the	limited liabilit	y company here:		
The new name must be distinguishable and end with the "L.L.C."	e words "Limited	Liability Company,	" the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:		411 7th 5	St	
(Principal office address MUST BE A STREET ADDRES		Units 58	16	
	-			,FL 33401
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		411 7th S		<u> </u>
		West Palm Beach, FL 33401		
B. If amending the registered agent and/or registered agent and/or the new registered office		e address on our	records, enter	the name of the new
Name of New Registered Agent:				
New Registered Office Address:	411 7# 5	St, Units 5	146	
		(Enter	Florida street a	(ddress)
_	West Pa	Ilm Beach	, Florida _	33401
	(City)	.	(Zip Code)
Now Dogistanad Agent's Signature if shanging Dogis	toned Ament.			

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 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

<u>tle</u>	<u>Name</u>	Address	Type of Action
p			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
	-	e(s) here: (Attach additional sheets, if necess	ary.)
_	MANAGER ADDRESS:	St, Units 546, West Palm B	 Boach tu 224
		th St., Units 546, West Palm E	
_			
nted	September 18th, 20	<u>48</u> .	
	Signature of a prember	r or authorized representative of a member	
		A. PAPPAS	

Page 2 of 2

Filing Fee: \$25.00