

L08000032301

(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:

Office Use Only



900133808619

08/05/08--01015--005 \*\*25.00

Amendment

L08-32301

FILED  
08 AUG -5 AM 10:12  
CLERK OF SUPERIOR COURT  
TALLAHASSEE, FLORIDA

N. CAUSSEAU

AUG 6 2008

EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: David James Palm Beach, LLC**  
(Name of Limited Liability Company)

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

James D. Ryan

(Name of Person)

Ryan & Ryan Attorneys, P.A.

(Firm/Company)

631 U.S. Highway One

(Address)

North Palm Beach, FL 33408

(City/State and Zip Code)

For further information concerning this matter, please call:

Sue Pfeiffer/James Ryan

(Name of Person)

at ( 561 ) 841-3420

(Area Code & Daytime Telephone Number)

Enclosed is a check for the 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)

**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

FILED  
08 AUG -5 AM 10:12  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

David James 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 Liability Company were filed on 3/31/08 and assigned  
Florida document number L08000032301.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

265 Sunrise Avenue

**(Principal office address MUST BE A STREET ADDRESS)**

Suite 204

Palm Beach, Florida 33480

Enter new mailing address, if applicable:

265 Sunrise Avenue

**(Mailing address MAY BE A POST OFFICE BOX)**

Suite 204

Palm Beach, Florida 33480

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

David Fite

New Registered Office Address:

265 Sunrise Avenue, Suite 204

*(Enter Florida street address)*

Palm Beach

*(City)*

Florida 33480

*(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)

**MGR = Manager**  
**MGRM = Managing Member**

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	James D. Ryan	631 U.S. Highway One	<input type="checkbox"/> Add
		Suite 100	<input checked="" type="checkbox"/> Remove
		North Palm Beach, FL 33408	<input type="checkbox"/>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

STATE OF FLORIDA  
COUNTY OF ALBANY

August 4, 2008.

David Fite

Page 2 of 2

**Filing Fee: \$25.00**

FILED  
08 AUG -5 AM 10:12  
STAFF OF SENATOR  
HARRIS, FLA.