## L08000032301

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Amendment

08-32301

OB AUG -5 AM ID: 12

N. CAUSSEAUX

AUG 6 2008

**EXAMINER** 

## **COVER LETTER**

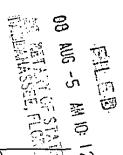
Division of Co		•	
SUBJECT: David	James Palm Beach,	LLC	
		ited Liability Company)	•
	Amendment and fee(s) are sub ondence concerning this matter		
	James D. Ryan		
		(Name of Person)	<del></del>
	Ryan & Ryan Attorneys,	P.A.	
		(Firm/Company)	
	631 U.S. Highway One		<del></del>
		(Address)	
•	North Palm Beach, FL 3	3408	
•		(City/State and Zip Code)	
For further information of	concerning this matter, please c	all:	
Sue Pfeiffer/James Ry	an	at ( 561 ) 841-3420	
(Name	of Person)	(Area Code & Daytime T	elephone 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)
MAILING ADDRESS:		STREET/COURIER	ADDRESS:

STREET/COURIER ADDRESS:

Registration Section Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



David James Palm Beach, LLC			
(Name of the Limite	d Liability Compa A Florida Limited I	ny as it now appears of Liability Company)	n our records.)
The Articles of Organization for this Limited I	iability Company	were filed on 3/31/08	and assigned
Florida document number L08000032301	·		
This amendment is submitted to amend the fol	lowing:		
A. If amending name, enter the new name of	of the limited liab	oility company here:	
	'41 41 1. 44T '	5. 11 (-12); O	n 1 1 '
The new name must be distinguishable and end w "L.L.C."	ith the words "Limi	ited Liability Company,	" the designation "LLC" or the appreviation
Enter new principal offices address, if applicable:		265 Sunrise Avenu	e
(Principal office address MUST BE A STREET ADDRESS)		Suite 204	
:		Palm Beach, Florid	a 33480
Enter new mailing address, if applicable:		265 Sunrise Avenu	e
(Mailing address MAY BE A POST OFFICE BOX)		Suite 204	
		Palm Beach, Florida 33480	
B. If amending the registered agent and registered agent and/or the new registered of	~		records, enter the name of the nev
Name of New Registered Agent:	David Fite	***************************************	
New Registered Office Address:	265 Sunrise A	Avenue, Suite 204	
		(Enter	Florida street address)
	Palm Beach		, Florida <u>33480</u>
		(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.

(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:

MGR = Manager MGRM = Managing Member Type of Action **Title** <u>Name</u> Address MGRM James D. Ryan 631 U.S. Highway One **⊿** Add Suite 100 ■ 7 Remove North Palm Beach, FL 33408 **∫** Add Remove **₼** Add Remove ☐ Add Remove ☐ Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 8 Dated August 4 Signature of a member or authorized representative of a member **David Fite** 

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee