# 108000053698

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J. BRYAN

AUG - 5 2008

**EXAMINER** 

# **COVER LETTER**

TO: Registration Se Division of Con			
SUBJECT: PAL	MANU GOOD Rea (Name of Limi	LES tate Brokeraso ted Liability Company)	,220
The enclosed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	- Rich Pal	MAND (Name of Person)	AUG-4
	PALMANO	(Name of Person)  (Name of Person)  (Pirm/Company)	08 AUS -4 PH 2: 12
·	_3331 Ba	(Sam DR / )	
	Winter G	Ork FL 32772 (City/State and Zip Code)	
For further information of	concerning this matter, please ca	all:	
Rich Pal	MANU of Person)	at ( <u>407)</u> <u>232–580</u> (Area Code & Daytime T	clephone Number)
Enclosed is a check for the	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: 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

The Articles of Organization for this Limited Liability Company were filed on \_\_\_ and assigned Florida document number L08000053698 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: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: New Registered Office Address: (Enter Florida street address)

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

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR_	LISE-Lotte Tinsley	1343 albert DR WINTER PACK FL 32789	Add
<del></del>	·		Add Remove
			Add Remove
			Add Remove
<del></del>			Add Remove
			Add Remove
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	
			SECRETARY SECRETARY OR AUG -4
			PH 2: 12
Dated		<u> </u>	
	Signature of a member  Richard Palmano  Typed	r or authorized representative of a member	

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Filing Fee: \$25.00