

L08000067338

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(Requestor's Name)

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(City/State/Zip/Phone #)

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08 JUL 31 PM 12:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. HAMPTON

AUG - 1 2008

EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: Delaware Partners, 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:

Thomas W. Fawell  
(Name of Person)

Agincourt Companies  
(Firm/Company)

80 Burr Ridge Parkway, Suite 125  
(Address)

Burr Ridge IL 60527  
(City/State and Zip Code)

For further information concerning this matter, please call:

Thomas W. Fawell or Tess A. Fawell at ( 630 ) 234-4752 630-248-8321  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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 JUL 31 PM 12:18  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Delaware Partners, 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 July 11, 2008 and assigned  
Florida document number L08000067338.

This amendment is submitted to amend the following:

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

no change

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:**

5230 S. University, Suite 104 Fort Lauderdale, FL 33328

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

**Enter new mailing address, if applicable:**

80 Burr Ridge Parkway, Suite 125

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

Burr Ridge IL 60527

**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:**

Same  
**Name of New Registered Agent:**

Thomas W. Fawell

**New Registered Office Address:**

5230 S. University, Suite 104

*(Enter Florida street address)*

Fort Lauderdale

*(City)*

, Florida 33328

*(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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
	no change		<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_


\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 08 JUL 31 PM 12:18  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Dated \_\_\_\_\_

  
 \_\_\_\_\_  
 Signature of a member or authorized representative of a member  
 Thomas W. Fawell  
 \_\_\_\_\_  
 Typed or printed name of signee