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SECRETARY OF STATE

S. HAWKES

JUL 3 0 2009

EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: PD Casey & Company 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:
Dianne Casey Name of Person
PD Casey of Company  Firm/Company  1 Eagle Harbor Trail  Address  Palm Coast F L 32164  City/State and Zip Code  Peter and Peter anne W live. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person  at (386) 586 - 7618  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \times \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \

### 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

PD Casey+C	ompany LLC		
( <u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears on our orda Limited Liability Company)	records.)	
The Articles of Organization for this Limited Liabi		, 2008 and assigned	
This amendment is submitted to amend the following	ng:	00 Si	
A. If amending name, enter the new name of the	e limited liability company here:	OF JUL 29 SECRETARIAN	
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Company," the d	esignation "LLC" or the abbreviation	
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	(DDRESS)	<u> </u>	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BO)  B. If amending the registered agent and/or in registered agent and/or the new registered office	registered office address on our reco	rds, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:	Enter Florid	la street address	
	, Florida		
_	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		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Dianne Casey	1 Eagle Harbor Tail Palm Coast, FC 32164	Add Remove
MGR	Puter Casey	l Eagle Harbor Trail Palm-Coast, FL32164	Add Remove
			Add Remove
			Si Collaboration PA LE Col
			Add 3
			Add Remove
D. If ame	ending any other information, enter ch	ange(s) here: (Attach additional sheets, if necessary	 2.)
- - -	Change Sole P to Peter Caser	roprietor From Dianne	<u>C</u> asey — —
_			<u> </u>
Dated	July 26, 2009.		
	Drawn Cas Signature of a men Dranne Cas	nber of authorized representative of a member	
		ped or printed name of signee	<del></del>

Page 2 of 2

Filing Fee: \$25.00