

Division of Corporations Public Access System

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FEB 24 2009

To:

Division of Corporations
Fax Number : (850) 617-6383

**FXAMINER** 

From:

Account Name : MOYLE, FLANIGAN, KATZ, RAYMOND, WHITE & KRASKER, P.A.

Account Number ; I20060000039 Phone : (561)659-7500 Fax Number ; (561)659-1789

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# C AMND/RESTATE/CORRECT OR M/MG RESIGN

### FEELGOOD SOUTH BEACH, LLC

Certificate of Status	0
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#### **COVER LETTER**

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TO: Registration Section Division of Corporations

SUBJECT: Feelgoo	od South Beach, LL0	<u> </u>		
	(Name of Lim	ited Liability Company)		
The enclosed Articles of	Amendment and fec(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Paul A. Krasker, Esq.		·	
		(Name of Person)		
Moyle, Flanigan, Katz, Breton, White & Krasker, P.A.				
		(Firm/Company)	<del></del>	
	625 N. Flagler Drive, 9th	Floor		
		(Address)		
	West Palm Beach, Florid	a 33401		
		(City/State and Zip Code)		
For further information o	oncerning this matter, please c	all:		
Paul A. Krasker		at ( 561 ) 822-0330		
(Name	of Person)	(Area Code & Daytime T	'elephone 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

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## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Feelgood South Beach, LLC		
(Name of the Limited Liability (A Florida	ty Company as it now appears ( Limited Liability Company)	n our récords.)
The Articles of Organization for this Limited Liability	Company were filed on Janua	y 7, 2009 and assigned
Florida document number L09000001801		
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the lin</u>	nited liability company here:	
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Company	" the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	<del> </del>	
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office ad		records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	<u> </u>	
	(Enter Florida street address)	
	(City)	, Florida(Zip Code)
New Registered Agent's Signature, if changing Register	, •,	(zip com)
I hereby accept the appointment as registered agen the provisions of all statutes relative to the proper of accept the obligations of my position as registered being filed to merely reflect a change in the register company has been notified in writing of this change	nt and agree to act in this cap and complete performance of agent as provided for in Cha red office address, I hereby o	my duties, and I am familiar with and oter 608, F.S. Or, if this document is

Page 1 of 2

(If Changing Registered Agent, Signature of New Registered Agent)

No. 4564 P. 4

If amonuing me managers or Managing Members on our records, enter the title, name, and address of each Manager of Managing Member being added or removed from our records:

MGR = Manager	
MGRM = Managing	Member

Title	Name	Address	Type of Action
MGR	Cleve E. Mash	4161 Hickory Drive Palm Beach Gardens, Florida 33418	Add Remove
MGRM_	Cleve E. Mash	4161 Hickory Drive Palm Beach Gardens, Florida 33418	■☑ Add □ Remove
MGRM_	Rodney Mayo		Add Remove
MGRM	Scott Frielich		Add Remove
			Add Remove
<del></del>			Add Remove
D. If amendin	g any other Information, enter chang	e(s) here: (Attach additional sheets, if necessary.)	_
			- -
			<b>-</b>
Dated C	Signature of a meriber	or authorized representative of a member	09 F
-	Paul A. Krasker, Authori	zed Representative	FEB 2
	Турес	or printed name of signee Page 2 of 2	<u>ω</u>
н09000041879	) 3	lling Fee: \$25.00	A S
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