## 109000031110

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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SECRETARY OF STATE
TALLAHASSEE, FLORID

D. BRUCE

EXAMINER



November 18, 2011

ALEX POULSEN DAP FOUNDATION, A LICHTENSTEIN FOUNDATIO 450 EGRET CIRCLE, APT. 9507 DELRAY BEACH, FL 33444

SUBJECT: EGRET CIRCLE B 410, LLC

Ref. Number: L09000031110

We have received your document for EGRET CIRCLE B 410, LLC and your check(s) totaling \$75.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce Regulatory Specialist II

Letter Number: 111A00026199

FILED

11 NOV 21 PH 4: 36

SECRETARY OF STATE
FAIT OF STATE

## **COVER LETTER**

Division of Corp				
SUBJECT:	EGRET CI	RCLE B 410, LLC		
		ited Liability Company	<u> </u>	
The enclosed Articles of A	Amendment and fee(s) are su	bmitted for filing.		
Please return all correspon	ndence concerning this matter	r to the following:		
		ALEX POULSEN		
	<del></del>	Name of Person		
	DAP FOUNDATION	ON, A LICHTENSTEIN FO	UNDATION	
		Firm/Company		
	450 E	GRET CIRCLE, APT. 950	7	
		Address		
	DEL	RAY BEACH, FL, 33444		<u> </u>
		City/State and Zip Code	TILI 11 NOV 21 I	
	E-mail address: (	to be used for future annual report not	ification)	OV 21 PM
For further information co	encerning this matter, please of	call:		COF STATE
DOAK S. C.	AMPBELL, III, Esq.	at ( 561 )	278-1890	ORIG ORIG
Name of			me Telephone Number	———>
Enclosed is a check for the	e following amount:			
✓ \$25.00 Filing Fee	\$30.00 Filing Fee &	\$55.00 Filing Fee &	\$60.00 Filin	no Fee
[	Certificate of Status	Certified Copy (additional copy is enclose	Certificate (ed) Certified (	e of Status &
	NG ADDRESS: tion Section	STREET/COUR Registration Secti	RIER 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

E	GRET CIRCLE 410, LLC					
(Name of the Limited	Liability Company as it now appear Florida Limited Liability Company)	rs on our records.)				
The Articles of Organization for this Limited L	iability Company were filed on	03/30/2009	and assigned			
Florida document number N/A	·					
This amendment is submitted to amend the following	owing:					
A. If amending name, enter the new name o	f the limited liability company he	<u>re</u> :				
The new name must be distinguishable and end win"L.L.C."	th the words "Limited Liability Comp	any," the designation "L	LC" or the abbreviation			
Enter new principal offices address, if applications	cable:		to city			
(Principal office address MUST BE A STREE	ET ADDRESS)		28 8 M			
			* × × ×			
Enter new mailing address, if applicable:	, · ·		RY O			
(Mailing address MAY BE A POST OFFICE	BOX		Fo F			
			36 ORIDA			
B. If amending the registered agent and registered agent and/or the new registered of		our records, enter t	-			
Name of New Registered Agent:	ALEX POULSEN					
New Registered Office Address:						
	Enter Florida street address					
	DELRAY BEACH,	, F)orida	33444			
	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, thereby 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> **Address** Type of Action <u>Name</u> MGRM ALEX POULSEN Jr. 450 EGRET CIRCLE, APT, 9507 Add DELRAY BEACH, FL 33444 √ Remove DAP FOUNDATION 450 EGRET CIRCLE, APT. 9507 DELRAY BEACH, FL 33444 MMGR ✓ Add Remove Add Remove Add Remove ∏Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) November 2011 Dated\_ Signature of a member or authorized representative of a member **ALEX POULSEN** Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00