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EXAMINER

COVER LETTER

TO: Registration ! Division of Co	Section orporations			
SUBJECT:	Fair	Dinkum LLC		
	Name of Lim	ited Liability Company		-
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.		
Please return all corresp	pondence concerning this matte	er to the following:		,
**		Guy Rabideau, Esq.		
		Name of Person		
		Firm/Company		
	400 F	Royal Palm Way, Suite	≘ 204	\$5 NOV 12
		. Address		12 P
	Pa	Palm Beach, Florida 33480		
·	City/State and Zip Code			- C
	guy@guyrabideau.com E-mail address: (to be used for future annual report notification)			
For further information	concerning this matter, please			
	Suy Rabideau	at (_561)	655-6221	·
Name	of Person	'Area Code &	Daytime Telephone Numb	er
Enclosed is a check for	the following amount:	•	•	·
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	Certific enclosed) Certifie	Filing Fee, cate of Status & ed Copy onal 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

Fa	ir Dinkum LLC	·		_		
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appea Limited Liability Company)	ars on our records.)				
The Articles of Organization for this Limited Liability Company were filed on May 14, 2009 and assigned clorida document number L0900047108						
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the lin	nited liability company he	ere:				
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Comp	pany," the designation	"LLC" or	the abbr	reviation	
Enter new principal offices address, if applicable:	·			<u>E</u>	men First	
(Principal office address MUST BE A STREET ADD	RESS)			2	* †	
			14	r\>	(igracial) in	
			firi en.	P	1	
Enter new mailing address, if applicable:			60 CT		ئۇ _{ىر.} \$ 	
(Mailing address MAY BE A POST OFFICE BOX)			₫h:	47		
			.,			
B. If amending the registered agent and/or registered agent and/or the new registered office ade		our records, enter	the nan	ne of t	he nev	
Name of New Registered Agent:						
New Registered Office Address:			. •			
	E	nter Florida street ac	ldress			
	, 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 **Type of Action** Address Title Name MGR Guy Rabideau 400 Royal Palm Way, Suite 204 ☐ Add Remove Palm Beach, Florida 33480 Wade Shavell MGR 400 Royal Palm Way, Suite 204 **✓** Add Palm Beach, Florida 33480 Remove MGR Damien Barr ✓ Add 400 Royal Palm Way, Suite 204 ☐ Remove Palm Beach, Florida 33480 \bigcap Add Remove 7 □Ada Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) November 11 2009 Dated Signature of a member or authorized representative of a member

Guy Rabideau, Authorized Representative
Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00