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T. CLINE

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EXAMINER

COVER LETTER

TO: - Registration Section

Tallahassee, FL 32314

Division of Corporations Palm Beach Atlantic Acquisition Group, LLC SUBJECT: 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: **Brenda Morrow** Name of Person Palm Beach Atlantic Financial Group, LLC Firm/Company 2101 Vista Parkway, Suite 120 Address West Palm Beach, FL 33411 City/State and Zip Code bill@pbafinancialgroup.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: **Brenda Morrow** Area Code & Daytime Telephone Number Name of Person Enclosed is a check for the following amount: \$60.00 Filing Fee, \$55.00 Filing Fee & \$25.00 Filing Fee **\$30.00** Filing Fee & Certificate of Status & Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Palm Beach Atlantic Acquisition Group, LLC

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for the Florida document number		ompany were f	iled onFebi	ruary 10, 20	010 and assig	ned
Florida document number	210000010000	•				
This amendment is submitted to an	nend the following:	4				
A. If amending name, enter the	new name of the limi	ted liability co	mpany here:			
	Palm Beach Atlan	·				
The new name must be distinguishab "L.L.C."	le and end with the word	ds "Limited Lia	bility Company,"	the designation	n "LLC" or the ab	breviatior
Enter new principal offices addr	ess, if applicable:					
(Principal office address MUST L	<u>BE A STREET ADDR</u>	ESS)		er.		
						
		T			SEC SEC	
Enter new mailing address, if ap	plicable:				2E 3	N.E. SHARE
(Mailing address MAY BE A POST OFFICE BOX)					AR AR	
					E S	
					ST.	N _{Newsord} "
B. If amending the registered registered agent and/or the new			idress on our	records, <u>ent</u>	er the hame of	the new
registered agent and or the new	registered office addi	COS IICI C				
Name of New Registered	l Agent:					
						
New Registered Office A	<u>ddress</u> :	<u> </u>	Enter F	Florida street	address	
		City		, Florida	rida Zip Code	
New Registered Agent's Signature,	if changing Registered				Lip Colle	
New Registered Agency Stignature	in changing registered					
I hereby accept the appointment	as registered agent a	and agree to a	ect in this capac	city. I further	agree to comply	y with
the provisions of all statutes rela	ative to the proper an	d complete pe	erformance of m	ny duties, and	d I am familiar v	vith and
accept the obligations of my pos being filed to merely reflect a ch	mon as registerea ag lange in the registere	geni as proviai d office addre	ss, I hereby cor	er ovo, r.s. Ifirm that the	or, y inis aocun e limited liability	iem is)
company has been notified in wi		,		•	,	

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
Mgrm	Morrow, Brenda D	2101 Vista Parkway, Suite 120 West Palm Beach, FL 33411	Add Remove
Mgrm	Smith, William A	2101 Vista Parkway, Suite 120 West Palm Beach, FL 33411	Add Remove
Mgrm	Gunther, Frederick W	2101 Vista Parkway, Suite 120 West Palm Beach, FL 33411	Add Remove
Mgrm	Gunther, Christina B	2101 Vista Parkway, Suite 120 West Palm Beach, FL 33411	Add Remove
Mgrm	Palm Beach Atlantic Financ		
Mgrm	Berwick Street Investments	5767 Main St SS Trumbull, CT 06611	Add Remove
D. If amen	ding any other information, enter chang	e(s) here: (Attach additional sheets, if necessary)	AN IN: 08
		:	<u> </u>
 	March 30 20	olo: Allenen	_
	Signature of a member	r or authorized representative of a member renda D. Morrow	
		or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00