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JUN 2 2 2010

EXAMINER

COVER LETTER

| TO: Registration S Division of Co | | | |
|---|--|---|--|
| SUBJECT: | | Trust Management, LLC | |
| | Name of Lim | ited Liability Company | |
| The enclosed Articles o | f Amendment and fee(s) are sul | bmitted for filing. | |
| Please return all corresp | condence concerning this matter | r to the following: | |
| | | Mary Last | · |
| | | Name of Person | |
| | | Firm/Company | |
| | U.\$ | S. Highway 1, Suite 303 | |
| | | Address | 2910 JUN 2 SECRETAF TALLAHAS |
| North Palm Beach, FL 33408 City/State and Zip Code | | | AHA |
| | m | nary@dcplawfirm.com | SEX - |
| | E-mail address: (| to be used for future annual report notificat | |
| For further information | concerning this matter, please of | call: | STATE STATE |
| | Mary Last | at (| 15-7767 |
| Name | of Person | Area Code & Daytime T | alephone Number |
| Enclosed is a check for | the following amount: | | |
| \$25.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | 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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Southern Asset & Trust Management, LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 5-21-10 The Articles of Organization for this Limited Liability Company were filed on and assigned L10000055221 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: 631 U.S. Highway 1 Suite 100 (Principal office address MUST BE A STREET ADDRESS) North Palm Beach, FL 33408 631 U.S. Highway 1 Enter new mailing address, if applicable: Suite 100 (Mailing address MAY BE A POST OFFICE BOX) North Palm Beach, FL 33408 B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: James D. Ryan Name of New Registered Agent: 631 U.S. Highway 1, Suite 100 New Registered Office Address: Enter Florida street address North Palm Beach _, Florida __

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.

Citv

If Changing Registered Agent, Signature of New Registered Agent

Page\1 of 2

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

Title <u>Name</u> **Address Type of Action MGRM** Deborah C. Peck 631 U.S. Highway 1 **∇** Remove Suite 303 North Palm Beach, FL 33408 MGRM CVA&T, LLC ✓ Add 128 Victoria Bay Court Palm Beach Gardens, FL 33418 ☐ Add Remove \square Add Remove **D.** If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) June 1 2010 Dated _ Signature of a member or authorized representative of a member J. Kelly Bloomer Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00