

L10000067449

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

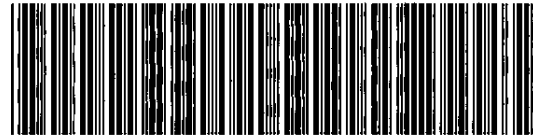
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE

SEP 20 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 14, 2010

DEBRA COHEN  
2385 EXECUTIVE CENTER DRIVE, SUITE 270  
BOCA RATON, FL 33483

SUBJECT: PINEAPPLE GROVE INVESTMENT GROUP LLC  
Ref. Number: L10000067449

We have received your document for PINEAPPLE GROVE INVESTMENT GROUP LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

You must insert the letters "MGRM" in the block above the name and address of each managing member and/or the letters "MGR" in the block above the name and address of each manager listed.

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) 245-6020.

Tammi Cline  
Regulatory Specialist II

Letter Number: 110A00021790

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TALLAHASSEE, FLORIDA

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PINEAPPLE GROVE INVESTMENT GROUP, LLC  
2385 EXECUTIVE CENTER DRIVE, SUITE 270  
BOCA RATON, FLORIDA 33431  
561.241.6336 Fax: 561.241.6251

September 16, 2010

Divisions of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

Re: Reference Number: L10000067449  
Subject: Pineapple Grove Investment Group LLC

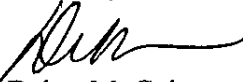
Enclosed here in you will find the letter that was sent to me for correction regarding  
form to amend the Articles of Organization.

There is only one managing member, which is me, and the other person is  
only. That person will be Paul Heimberg.

Ms. Denise Heimberg is being removed as a member.

I am sorry for the inconvenience and hopefully this is corrected and in proper form.

Sincerely,



Debra M. Cohen  
Managing Member

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TALLAHASSEE, FLORIDA

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Pineapple Grove Investment Group LLC  
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:

Debra M. Cohen

Name of Person

Pineapple Grove Investment Group LLC

Firm/Company

2385 Executive Center Drive Suite 270

Address

Boca Raton, Florida 33483

City/State and Zip Code

dcohen@wbsmlawyers.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steven Cohen

Name of Person

at ( 561 )

241.6336 ext 246

Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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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 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**

Pineapple Grove Investment 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 this Limited Liability Company were filed on June 24, 2010 and assigned  
Florida document number L10000067449.

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:**

**(Principal office address MUST BE A STREET ADDRESS)**

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

**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:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

City, Florida

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
	Paul Heimberg	4001 N. Ocean Blvd. Apartment 1608 Boca Raton, Florida 33431	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove <i>member</i>
	Denise Heimberg	4001 N. Ocean Blvd Apartment 1608 Boca Raton, Florida 33431	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove <i>member</i>
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

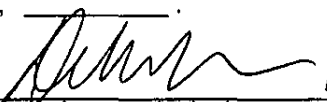
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Dated September 16, 2010

 MGRM

Signature of a member or authorized representative of a member

Debra M. Cohen

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

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