## LU9000038019

(Requestor's Name)			
(Address)			
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(Address)			
(City/State/Zip/Phone #)			
(ordy oracle Elph Horizon)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
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Special Instructions to Filing Officer:			
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**EXAMINER** 

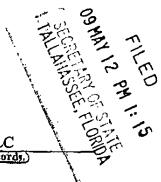




ON SERVICE COMPANY.
ACCOUNT NO. : 12000000195
REFERENCE : 989606 7701925
AUTHORIZATION: Trubble na Port
COST LIMIT : \$25.00
ORDER DATE: May 11, 2009
ORDER TIME: 9:08 AM
ORDER NO. : 989606-005
CUSTOMER NO: 7701925
DOMESTIC AMENDMENT FILING  NAME: FLORIDA'S TRIPLE THREAT ALL-STARS, LLC
EFFECTIVE DATE:
XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY  XX PLAIN STAMPED COPY  CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Susie Knight EXT# 2956
EXAMINER'S INTITALS.

FROM: JUST SEW-SEW PHONE NO.: 954 423 6512

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



FLORIDA'S TRIPLE THREAT ALL-STARS, LLC

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

(A Florida Limited Liability Company)

(A Florida Limited	Liability Company)	P	
The Articles of Organization for this Limited Liability Company Florida document number <u>L09000038019</u>	y wero filed on <u>04/20/2009</u>	and assigned	
This emendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited ligh	ollity company here:		
The new name must be distinguishable and end with the words "Lim"L.L.C."	lted Liability Company," the designation	"LLC" or the abbreviation	
Enter new principal offices address, if applicable:  Principal office address MUST BE A STREET ADDRESS)	2290 SW 71st Davie, FL	Tenace	
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX)	1061 NW 1157 Plantation, F	4 Aue 6 33323	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her	fice address on our records, enter	the name of the new	
Name of New Registered Agent:		<del>,</del>	
New Registered Office Address:	(Enter Florida street ac	idrocc)	
	, 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 Registored Agent, Signature of New Registered Agent)

MGR = Manager

PHONE NO. : 954 423 6512

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:

MGRM = Managing Member Title Name. <u>Address</u> Type of Action MELISSA REGO MEM 1061 NW 115 <u></u> Add 7 Remove RODOLFO VALDES MEM <u>1061 NW 115TH AVE</u> ☐ Add Remove MATTHEW DAVIES MEM 1061 NW 115TH AVE PLANTATION FL 33323 Add Remove CHERYL DAVIES **MEM** Add [7] Remove ☐ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated\_ Signature of a momber or authorized representative of a member

Typed or printed name of signee

Page 2 of 2

Filing Fce: \$25.00