

LU90000038019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700152445137

RECEIVED
09 MAY 12 AM 10:39
DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. KOHR

MAY 12 2009

EXAMINER

FILED
09 MAY 12 PM 1:15
-SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195
REFERENCE : 989606 7701925
AUTHORIZATION : *[Signature]*
COST LIMIT : \$ 25.00

ORDER DATE : May 11, 2009
ORDER TIME : 9:08 AM
ORDER NO. : 989606-005
CUSTOMER NO: 7701925

FILED
09 MAY 12 PM 1:15
TALLAHASSEE, FLORIDA

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 INITIALS: _____

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)

FILED
09 MAY 12 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 04/20/2009 and assigned
Florida document number L09000038019

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)

2290 SW 71st Terrace

Davie, FL

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1061 NW 115th Ave

Plantation, FL 33323

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)

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MEM</u>	<u>MELISSA REGO</u>	<u>1061 NW 115TH AVE</u> <u>PLANTATION FL 33323</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MEM</u>	<u>RODOLFO VALDES</u>	<u>1061 NW 115TH AVE</u> <u>PLANTATION FL 33323</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MEM</u>	<u>MATTHEW DAVIES</u>	<u>1061 NW 115TH AVE</u> <u>PLANTATION FL 33323</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u>MEM</u>	<u>CHERYL DAVIES</u>	<u>1061 NW 115TH AVE</u> <u>PLANTATION FL 33323</u>	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove
<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Dated

May 6, 2009

Matthew Davies
Signature of a member or authorized representative of a member

Matthew Davies
Typed or printed name of signee