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Account Name : FOX ROTHSCHILD LLP

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Email Address: jennburger88@gmail.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **DERBYDOWN SOUTH, LLC**

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COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT

DERBYDOWN SOUTH, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filling.

Please return all correspondence concerning this matter to the following:

Toffee Blum, Paralegal

Name of Person

Fox Rothschild, LLP

Firm/Company

P.O. Box 673

Address

Exton, PA 19341-0673

City/State and Zip Code

jennburger88@gmail.com

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

For further information concerning this matter, please call:

William B. Cooper, III, Esq.

610 458-4945

Name of Person

Aren Code

Daving Telephone Number

Enclosed is a check for the following amount:

■ \$25,00 Filing Fec

☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) . D \$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
Tallahassec, FL 32301

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DERBYDOWN SOUTH, LL					
(Name of the Limited	Liability Compac Florida Limited L	y us it now appears on our liability Company)	records.)		
The Articles of Organization for this Limited Liab Florida document number <u>L10000099343</u>	oility Company	were filed on Septemb	per 22, 2010 ar	nd assigned	
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of the	he limited liabil	lity company here:			
N/A					
The new name must be distinguishable and end with the wo	ords "Limited Liabi	hity Company," the designation			_
Enter new principal offices address, if applicab	ole:	N/A		201	
(Principal office address MUST BE A STREET	ADDRESS)		177 22	2 22	
			نة. دع ن	- ×	محودي محودي
			× ×	三つ	Ţ
Enter new mailing address, if applicable:		N/A	्री इ.	를 구 9	
(Mailing address MAY BE A POST OFFICE BO	<u>0x)</u>		<u>_</u>	<u>S</u>	
				9	 .
B. If amending the registered agent and/or registered agent and/or the new registered offic. Name of New Registered Agent:		:	cords, enter the n	ime of the	new
New Registered Office Address:	2705 Appaloosa Trail				
	Enter Florida street address				
Wellington			, Florida 33414.		
		City	Zip	Code	
New Registered Agent's Signature, if changing Res	gistered Agent:				
I hereby accept the appointment as registered a provisions of all statutes relative to the proper accept the obligations of my position as registe being filed to merely reflect a change in the region company has been notified in writing of this ch	and complete pered agent as pagistered office of annae.	performance of my dution rovided for in Chapter address, I hereby confirming the Registered Agent, Signature	es, and I am familia 605, F.S. Or, if this on that the limited l	er with and document is iability	

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MGR = Manager

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

AMBR = Authorized Member Title <u>Name</u> Address Type of Action 88 Elmhurst Rd., Snyder, NY 14226 Bright Star 158, LLC MGRM ■ Remove Jennifer Burger **MGR** 236 Bryant St., Buffalo, NY 14222 □ Remove Gary Burger 236 Bryant St., Buffalo, NY 14222 MGR □ Remove □ Remove

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

Effective date, if other than the date of filing: (option (The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days at the date this document is filed by the Florida Department of State)	nai) le:
Dated NOVEMBER 11 2014	
Ancie Mener	
Signature of a member or authorized representative of a member	
Louise Serio, Member	
Typed or printed name of signee	

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