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COVER LETTER

то:	Registration Se Division of Cor			•
SUBJE	ССТ:	Bears Termis	Systems UC ited Liability Company	
		Name of Lim	ited Liability Company	
The end	closed Articles of	Amendment and fee(s) are su	bmitted for filing.	
Please	return all correspo	ondence concerning this matte	r to the following:	
		JOHN	HARRISON	
		•	Name of Person	
		Betro	Termis Systems C Firm/Company	LC
		75	701 6185 St. 2	
		<u></u>	PETERISM FROMDA City/State and Zip Code Tharmson & beta (to be used for future annual report notifications)	33710
For fur		concerning this matter, please	call:	^ ^
<u></u>	TOH~	HAMUSO W	at (777) 698. 96 Area Code & Daytime To	elephone Number AHASSE
	1 vanie (77 7 613011	Anda oodo de Dayinio A	
Enclos	ed is a check for t	he following amount:		ASSIST OF THE PROPERTY OF THE
\$ 25	5.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate 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

Berns	Tennis	Systems	LLC		
(Name of the Limited Liabili (A Florida	ty Company as Limited Liabili	it now appears of ty Company)	our records.)		
The Articles of Organization for this Limited Liability Florida document number <u>ししてののの</u> 94		filed on	1/2012	and as	signed
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the lin	nited liability	company here:			
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited L	íability Company,	' the designation '	'LLC" or the	abbreviation
Enter new principal offices address, if applicable:		 			
(Principal office address MUST BE A STREET ADL	ORESS)		····		
	_			-	
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)	_				
B. If amending the registered agent and/or registered agent and/or the new registered office ad		address on our	records, enter	The name	of the new
				ECS LLA	tergon;
Name of New Registered Agent:		<u> </u>		HAS 5	i į
New Registered Office Address:				SEE 2	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
		Enter	Florida street aa	بيسج وم) نسم	ş I ş
	Ci		, Florida _	Dryingeno	le literat

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 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>	Address	Type of Action
MGR	MICHAEL BEARD	Lehigh Acres Fli 33973	_ 🔀 Add
v		Lehigh Acres Fli 32173	Remove
			_
<i>©</i>			Add
			Remove
			
·			Add
			Remove
			-
			Add
		ÄLL	Remove
		AHC AA	Remove Remove
		m-	2 N P
		平 () ()	Add
		TALLAHAS SEE: FLORIDA	Remove
			_
			Add
			Remove
			Remove

D. I	f amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
•	
Date	d 8/6/ 2013
Daic	, 50,5
	d 8/6/ , 2013. Joh € 4
	Signature of a member or authorized representative of a member
	JOHN E. HARRISON
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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SEUKETARY OF STATE
TALLAHASSEE, FLORID

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