Division of Corporations **Electronic Filing Cover Sheet**

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(((H12000141102 3)))



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To:

930120-0032

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TRIPP SCOTT, P.A.

Account Number : 075350000065

Fax Number

: (954)525-7500 : (954)761-8475

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email	Address:_					
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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SPLIT DECISION HOLDINGS, LLC

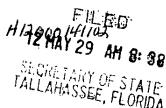
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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



- CORID
SPLIT DECISION HOLDINGS, LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
(A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed onMAY 22, 2012 and assigned
Florida document number L12000069030
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
SPLIT DECISION FISHING TEAM, LLC
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)
Training Sudiciss Matt Biblit Cost Of Face 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
Tilo mide
City Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:
TOW THE STORY OF SECURITY OF THE STORY OF TH
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

Page 1 of 2

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MGR = Manager

H12000/4102
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:

Dated MAY 25, 2012	<u>Title</u>	<u>Name</u>	Address	Type of Action
Dated MAY 25, 2012 Remove Add Add Remove Add Remove Add Ad				——————————————————————————————————————
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Add Remove Add Remove Remove Add Remove Remove				
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Add Remove Add Remove Rem				
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Add Remove				
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Dated MAY 25, 2012				
Dated MAY 25, 2012	D. If amendin	g any other information, en	ter change(s) here: (Attach additional sheets, ij	12 MA SECAL
Dated MAY 25, 2012				Y 29 AM 8 WASSEE, FL
Signature of a member or authorized representative of a member	Dated	MAY 25,	2012	
organization of a morning of authorized representative of a morning		Signature of	a member or authorized representative of a member	

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Filing Fee: \$25.00

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