HAMENDED X LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT #L00000 13758 02 MAY 16 AM 8: 50 1. Entity Name FECKMATE, L.L.C. SECRETARY OF STATE TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 3. Mailing Address 11911 US Highway SIME Suite, Apt. #, etc. U Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Ste. 112 SAME City & State City & State 4. FEI Number Applied For Halm Beach SARLE 65-1053317 Not Applicable Country SANE \$5.00 Additional 5. Certificate of Status Desired SAME USA Fee Required 7. Name and Address of Current Registered Agent _t20V.1--_W DO-NOT-WRITE Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature, typed or printed name of registered agent and title if applicable DATE FEE IS \$50.00 Make Check Payable to Department of State **DUE BY MAY 1** MANAGING MEMBERS/MANAGERS 9. 900005666339 TITLE MGRM TITLE -06/03/02--01099--023 Matthew J. Benedetto NAME *****55.00 *****55.00 11911 US Highway 1 Ste 112 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE MGRM TITLE NAME NAME Louis Benedello JR STREET ADDRESS 11911 US Highway 1 Stell2 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Beach, FL 33408 TITLE TITLE Josh Tallman NAME NAME 11911 US Highway 1 Stell2 STREET ADDRESS STREET ADDRESS DO-NOT-WRITE CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE IN THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP. CITY-ST-ZIP NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZÎP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information

indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

3-25-62 (56) 636-9136