L0300030522

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SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON

MAY 2 0 2009

EXAMINER

COVER LETTER		
TO: Registration Section Division of Corporations		
SUBJECT: Pirate Enterprises LLC (Name of Limited Liability Company)		
The enclosed Articles of Amendment and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Sharo, O Connor (Name of Person)		
Prate Enterprises LLC (Firm/Company)		
15400 N. W. 34th Ave		
Miumi FL 33054 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Shuron Connol at (305 777-6227 (Name of Person) (Area Code & Daytime Telephone Number)		
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$\$30.00 Filing Fee & \$\$55.00 Filing Fee & \$\$60.00 Filing Fee, Certificate of Status & Certificate of Status &		

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certified Copy (additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(additional copy is enclosed)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pirate Ente	erprises	LLC
(Name of the Limited Liability C	Company as it now appears on mited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Con Florida document number <u>L03000305</u>	npany were filed on <u>E</u>	15 03 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	ed liability company here:	
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		HA TORE
(Principal office address MUST BE A STREET ADDRE	(SS)	TAR OF R
Enter new mailing address, if applicable:		PH 2: 03
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or register registered agent and/or the new registered office addresses.		records, enter the name of the new
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)

MGR = Mana MGRM = Ma	ger naging Member	
<u>Citle</u>	Name Address	Type of Action
<u>16</u> R	Thomas P. Stafford 88181 Old H	13h Wald Add Remove 3307
		Add Remove
		Add Remove
). If amendi 	ng any other information, enter change(s) here: (Attach additional sheets, if nec	SECRETARY OF SIATIONS DIVISION OF CORPORATIONS O9 MAY 19 PM 2: 03
Dated	Signature of a member or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00