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| PICK-UP WAIT MAIL |
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| Special Instructions to Filing Officer: |
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SECRETARY OF STATE

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COVER LETTER

| TO: Registration Sec Division of Corp | | | | | |
|--|---|---|---------------------------------|---|---|
| SUBJECT: POC ² | Name of Limited L | ues LLC iability Company | | | |
| The enclosed Articles of A | Amendment and fee(s) are submitte | ed for filing. | | ~ | > |
| Please return all correspon | dence concerning this matter to th | e following: | | | |
| | Louis | J Ferr | 2 | | |
| | Port Oran City 1001SiFer | Firm/Company 291425 Address FL 32 y/State and Zip Code C S W 9 Mail I seed for fature almost report notified | 129 Com | 2013FEB -8 PM 12: 24 SEGREJARY OF STATE TALL AHASSES, FLORIDA | |
| For further information co | neerning this matter, please call: | | | | |
| Louis Name of | Ferris Person | at (386) 405- Area Code & Daytime | 6934 Telephone Number | | |
| Enclosed is a check for the | e following amount: | | | | |
| □ \$25.00 Filing Fee | □\$30.00 Filing Fee & □ Certificate of Status | \$55.00 Filing Fee & Certified Copy | \$60.00 Filing Certificate o | Fee. f 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

| Port Orange S | | |
|--|---|---|
| (<u>Name of the Limited Liabili</u> (A Florid | ity Company as it now appears on our records.) a Limited Liability Company) | 201 SE |
| The Articles of Organization for this Limited Liability Florida document number | Company were filed on 02/10/2005 | SEE |
| This amendment is submitted to amend the following: | | PM 12: 2 De state selente |
| A. If amending name, enter the new name of the li | mited liability company here: | |
| The new name must be distinguishable and end with the w | Sales LLC | "LLC" or the abbreviation |
| Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADL | DRESS) STA Crange | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | |
| B. If amending the registered agent and/or reg registered agent and/or the new registered office ad | | r the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter Florida street a | uddress |
| | , 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

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 |
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| | Signading data unemper or authorized representati | ve of a member |

Page 3 of 3

Filing Fee: \$25.00

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