L0600000486666

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EXAMINER

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SECRETARY OF STATE

2009 JUL 16 AM 11: 52

COVER LETTER

TO:

TO:	Registration Se Division of Cor				
SUBJECT: ALLIGATOR			R HOLDINGS, LLC		
		Name of Limi	ted Liability Company		
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.		
Please 1	return all correspo	ondence concerning this matter	to the following:		
			DAVID T SEIF Name of Person		
LAW		LAW C	OFFICE OF DAVID T SEIF		_
			Firm/Company		ZOO J
915 MID		915 MIDI	DLE RIVER DRIVE, STE 205 Address		JUL 16 A
FORT		FORT	LAUDERDALE, FL 33304 City/State and Zip Code		2009 JUL 16 AM11: 52 SECRETARY OF STATE TALLAHASSEE, FLORID
•		S E-mail address: (1	EIFLAW@AOL.COM to be used for future annual report notif	ication)	AM 11: 52 OF STATE EE. FLORIDA
For fun	ther information o	concerning this matter, please of			
DAVID T SEIF Name of Person			at (_954_) Area Code & Daytim	564-0811 e Telephone Numbe	r
Enclose	ed is a check for t	he following amount:			
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed	d) Certifie	ate of Status &
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		ration Section on of Corporations ox 6327	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co Tallahassee, FL 32	on rations enter Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALLIGATOR HO (Name of the Limited Liability Compa (A Florida Limited L	DLDINGS, LLC ny as it now appears on our reclability Company)	ords.)		
The Articles of Organization for this Limited Liability Company Florida document numberL0600048666	were filed on05/10/2	2006 and assigned		
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liab	oility company here:	2009 JUL SECRE TALLAH		
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the desi	gnation "Linc or the abbreviant		
Enter new principal offices address, if applicable:	915 MIDDLE RIVER D	<u> </u>		
(Principal office address MUST BE A STREET ADDRESS)	FORT LAUDERDALE,	FL 3330∰ N		
Enter new mailing address, if applicable:	915 MIDDLE RIVER D	R STE 205		
(Mailing address MAY BE A POST OFFICE BOX)	FORT LAUDERDALE,			
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		s, <u>enter the name of the nev</u>		
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

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 Type of Action <u>Name</u> Title Title **Address MGRM** ROBERT BENSON _ ☐ Add 1728 NE 39TH ST OAKLAND PARK, FL 33334 √ Remove MGR DAVID T SEIF ☐ Add 915 MIDDLE RIVER DR STE 205 ✓ Remove FORT LAUDERDALE, FL 33304 MGRM DAVID T SEIF 915 MIDDLE RIVER DR STE 205 ✓ Add FORT LAUDERDALE, FL 33304 Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2009 JULY Dated

Page 2 of 2

Filing Fee: \$25.00

Signature of a member or authorized representative of a member

DAVID T SEIF

Typed or printed name of signee