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T. CLINE

MAY 1 1 2009

EXAMINER

COVER LETTER

TO: Registration S Division of Co					
SUBJECT: ConXp	erience, LLC			•	+•
	(Name of Lim	ited Liability Company)			
	f Amendment and fee(s) are sub	_			
Please return all corresp	ondence concerning this matter	to the following:			
	Thomas Pye				
		(Name of Person)			
	Pye Law Firm				
	de de la constante de la const	(Firm/Company)			
	3909 W. Newberry Rd, S	Ste C		ZOO TAL	
	Gainesville, Florida	(Address)		2009 HAY -8 SECRETAR' TALLAHASS	TIT
For further information	concerning this matter, please c	(City/State and Zip Code)		AM 11: 20 Y OF STATE SEE. FLORIDA	
Tom Pye		at (352) 381-9799			
(Name	of Person)	(Area Code & Daytime T	elephone Numbe	er)	
Enclosed is a check for	the following amount:				
☑ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	ite of Status &	d)
Regis Divis P.O. I	LING ADDRESS: tration Section ion of Corporations Box 6327 nassee, FL 32314	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Cente Tallahassee, FL 32301	ons r Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ConXperience, LLC			
(<u>Name of the Limited</u> (A	Liability Compan Florida Limited Li	y as it now appears on our records ability Company))
The Articles of Organization for this Limited L	iability Company	were filed on <u>10/10/2006</u>	and assigned
Florida document number 1.06000098991	E		
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	f the limited liabi	lity company here:	
N/A			4. 2
The new name must be distinguishable and end with 'L.L.C."	h the words "Limit	ed Liability Company," the designati	of CC 3 the abbreviation
Enter new principal offices address, if applic	able:	clo Irwin Miller	ASS -
Principal office address MUST BE A STREET ADDRESS)		108 NE 29th S	treet = M
		Wilton Manors, FL	343 □
			ATE RID
Enter new mailing address, if applicable:		Contperience LLC	→
Mailing address MAY BE A POST OFFICE BOX)		P.O. Box 12505	
		Chandler, AZ 85.	248
B. If amending the registered agent and/ registered agent and/or the new registered of			ter the name of the nev
Name of New Registered Agent:	Stays the same	9	
New Registered Office Address:			
		(Enter Florida stree	et address)
		, Florid	
		(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 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 Title** Name Address 108 NE 29th Street Wilton Manors, FL 33334 MGRM Rainer Willie Grundmann ☑ Add ☐ Remove Grundmann Oliver 727 E. Wolf Fallow Drive Casa Grande, AZ 85222 MGRM _ Add Add 🏲 Remove move D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated April 30th, 2009 Rainer Willie Grundmann Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00