Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN PL

Account Number : 120070000020 Phone

: (813)435-3176

Fax Number

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

APPLE OF ONE'S EYE ENTERPRISES, LLC

| Certificate of Status | 0 |
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A. LUNT

JAN -9 2008

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF

| APPLE OF ONE'S EYE | | |
|--|--|---------------------------------|
| (Name of the Limited Liability Comps (A Florida Limited) | ny as it now appears on our reco Liability Company) | ords.) |
| The Articles of Organization for this Limited Liability Company | were filed on 10/26/2006 | and assigned |
| Florida document number L06000104405 | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited ligh | oility company here: | |
| | | |
| The new name must be distinguishable and end with the words "Lim"L.L.C." | ited Liability Company," the desig | nation TLC" or the abbreviation |
| Enter new principal offices address, if applicable: | 1420 Celebration Blvd. | , Sulfte 2000 |
| (Principal office address MUST BE A STREET ADDRESS) | Celebration, Florida 3 | 4747 E T |
| Euter new mailing addr es s, if applicable: | 1420 Celebration Blvd. | - 525 - 5416 200 25 |
| Malling address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or registered of | fice address on our records, | enter the name of the new |
| registered agent and/or the new registered office address her | <u>ė</u> : | |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | (Enter Florida si | treet address) |
| | , Flor | |
| | (Clty) | (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)

MGRM = Managing Member

MGR = Manager

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:

| Title | <u>Name</u> | Address | Type of Action |
|--------------------|---------------------------------------|--|----------------|
| MGRM | Andris McKinley | 1420 Celebration Blvd. Suite 200 Celebration, Florida 34747 | Add Remove |
| MGRM | Roosevelt Resources, LLC | 1420 Celebration Blvd. Suite 200 Celebration. Florida 34747 | Add Remove |
| MGR | MARIANELLA LEON | 12000 N. DALE MABRY HWY #110 TAMPA, FLORIDA 33618 | Add Remove |
| | · · · · · · · · · · · · · · · · · · · | | Z O Add |
| | | | & T |
| | | | … 24 1.24 |
| D. If amendii | ng any other information, enter ch | nange(s) here: (Attach additional sheets, if necessary. | Remove |
| | | | <u>.</u> |
| | | | |
| Dated <u>01/07</u> | , 20 | 008 | |
| - | Signature of a me | mber or authorized representative of a member | , |
| *** | MAŘIANELLA LEOI Ty | N yped or printed name of signee | |

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