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| (Requestor's Name) | | | | |
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| (City/State/Zip/Phone #) | | | | |
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| PICK-UP WAIT MAIL | | | | |
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| (Business Entity Name) | | | | |
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| (Document Number) | | | | |
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| Certified Copies Certificates of Status | | | | |
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| Special Instructions to Filing Officer: | | | | |
| Special instructions to 1 ming officer. | | | | |
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T. CLINE

FEB 25 2008

EXAMINER

Me 14570

COVER LETTER

| | ition Section of Corporations | | | | |
|---------------------|--|---|--|-----------------------------|---------------------------|
| SUBJECT: Ho | llywood Tropical Treasures | LLC. | | | |
| | (Name of Lir | nited Liability Company) | | | |
| The enclosed Arti | cles of Amendment and fee(s) are su | abmitted for filing. | | | |
| Please return all c | orrespondence concerning this matte | π to the following: | | | |
| | Robert C Saunders | | | | |
| | | (Name of Person) | | | |
| | Hollywood Tropical | Treasures LLC. (Firm/Company) | | | |
| | 3001 S Ocean Drive | | | | |
| | | (Address) | | | |
| | Hollywood, Florida | 33019 | | | |
| | *************************************** | (City/State and Zip Code) | | | |
| For further inform | ation concerning this matter, please | call: | | 2000 FER SECRE TALLAH | orat 15. 17.37 14. 15. |
| Robert C Sau | | at (305_) 747-6073 | | | COMMERCIAL STATES |
| (Name of Person) | | (Area Code & Daytime | Telephone Number) | 22 88E | į |
| | | | | AHIO: | Same 1/2 |
| Enclosed is a chec | k for the following amount: | | | 1:00 1:00 1:00 | الم يرية |
| \$25.00 Filing I | Fee \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$60.00 Filing Certificate Certified | of Status & | i) |

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 STREET/COURIER ADDRESS:

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Company as it now appears on our records.)

(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on December 15, 2006 and assigned

Florida document number L06000119580

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

(Enter Florida street address)

(City)

Florida

(City)

New Registered Agent's Signature, if changing Registered Agent:

Hollywood Tropical Treasures LLC.

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 = M | lanaging Member | | |
|--------------|---|---|----------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| MGRM | Jacki Anshell | 3001 S Ocean Drive Suite 449 Hollywood, Florida 33019 | Add Remove |
| | <u> </u> | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| D. If amend | ing any other information, enter change(s | here: (Attach additional sheets, if necessary.) | Add Remove |
| | | | <u> </u> |
| | | | |
| Dated Febru | | oui Jane | |
| | • | authorized representative of a member | ····· |
| | Robert C Saunders Typed or | printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00