L07000001882

(Requestor's Name)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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CAPITAL CONNECTION, INC.417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

BRUB CAPITAL I	LC		
			Art of Inc. File
			LTD Partnership File
			Foreign Corp. File
			L.C. File
			Fictitious Name File
			Trade/Service Mark
			Merger File
			Art. of Amend. File
			RA Resignation
			Dissolution / Withdrawal
			Annual Report / Reinstatement St.
			Cert. Copy
			Photo Copy Photo Copy
			Certificate of Good Standing
			Certificate of Status
			Certificate of Fictitious Name
			Corp Record Search
			Officer Search
			Fictitious Search
Signature			Fictitious Owner Search
			Vehicle Search
B11			Driving Record
Requested by: Seth	01/14/14		UCC 1 or 3 File
Name	Date	Time	UCC Search
Walk-In	Will Pick Up		UCC Retrieval

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

BRUB CAPITAL LLC	
(Name of the Limited Liability Com (A Florida Limite	i <mark>pany as it now appears on our records.</mark>) Id Liability Company)
The Articles of Organization for this Limited Liability Compa. Florida document number L0700001882	ny were filed on 01/05/2007 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited li	ability company here:
Viewpoint Outdoor of South Florida, LLC	
The new name must be distinguishable and end with the words "Limited L	iability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	n/a
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	n/a
(Mailing address MAY BE A POST OFFICE BOX)	
	201 FAL
	222
B. If amending the registered agent and/or registered	office address on our records, enter the name of the ne
registered agent and/or the new registered office address h	
New ON Polyment	
Name of New Registered Agent:	233 · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	22 22
	Enter Florida street address
	, Florida
	City Zin 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 605, 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

MGR = Manager AMBR = Authorized Member				
<u>Title</u>	Name	Address Type of Action		
MGR	Stacy Thornton	2295 S Hiawassee Rd, Suite 203, Orlando, FL 32835		
		Remove		
		Add		
	Remove			
		Add		
··		Add		
		Add Remove 70 STATE 22		
		Add		
		Remove		

D. If amending any other information, enter cha	ange(s) here: (Attach additional sheets, if necessary.)
	01/01/2013 (optional)
Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date the date this document is filed by the Florida Department	of receipt or filed date and cannot be more than 90 days after
Dated January 13	2014
	/S/ Stacy Thornton
Signature of a mo	ember or authorized representative of a member
	Stacy Thornton
	Typed or printed name of signee

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Filing Fee: \$25.00

