

LO7000012933

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

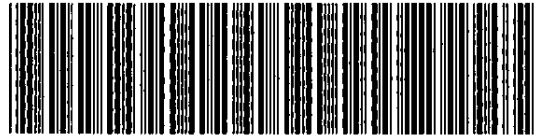
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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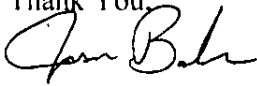
FILED
10 JAN 25 PM 2:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

January 20, 2010

To Whom It May Concern:

Attached is the information to change our existing LLC of Pro Grade, LLC. to a new name of Dream Traxx, LLC. If you have any questions or need any further information, please contact me at the number below.

Thank You.

A handwritten signature in black ink, appearing to read "Jason Baker". The signature is written in a cursive style with a large initial "J".

Jason Baker
863-670-3747

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PRO GRADE LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

JASON BAKER
Name of Person

Firm/Company

6303 RIVERLAKE COURT
Address

BARTOW FL 33830
City/State and Zip Code

jason@dreamtraxx.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JASON BAKER at (863) 670-3747
Name of Person Area Code & Daytime Telephone Number

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) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

PRO GRADE LLC

(Name of the Limited Liability Company as it now appears on our records,
(A Florida Limited Liability Company))

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 2/2/2007 and assigned Florida document number L 07000012933.

This amendment is submitted to amend the following:

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

DREAM TRAXX, LLC

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

6303 RIVERLAKE COURT
BARTOW FL 33830

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

SAME AS ABOVE

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

_____, 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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10 JAN 25 PM 2:42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Dated _____



Signature of a member or authorized representative of a member

Typed or printed name of signee