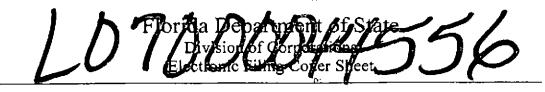
Division of Corporations



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : TOBIN & REYES, P.A.

Account Number : I20000000:55 Phone : (561) 620-33656

: (561)620-7657 Fax Number

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please: **

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SHOWTURF, LLC

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Corporate Filing Menu

Help

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COVER LETTER

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SUBJE	CT:	<u> </u>	Name of Lim	ited Liability Company	,	
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The end	closed	Articles of A	Amendment and fee(s) are sub	mitted for filing.	•	
Please	return	all correspon	ndence concerning this matter	to the following:		
			DEBRA GETTS, ESQ.			
				Name of Perso	n	
			tobin & Reyes, P.A.			
				Firm/Company	,	· · · · · · · · · · · · · · · · · · ·
			225 N.E. MIZNER BOUL	EVARD, SUITE 51	0	
				Address		 _
			BOCA RATON, PLORID	A 33432		
				City/State and Zip	Code	
			DGETTS@TOBINREYES			
			E-mail address: (to be used for future a	nnual report no	stification)
For fur	ther in	formation co	oncerning this matter, please c	all:	== '	
DEBR	∧ GE″	rts, esq.		561 at (620-	0656
		Name of	Person	Area Code	Dayti	me Telephone Number
Enclose	ed is a	check for th	e following amount:			
□ \$2 :	5.00 Fi	ling Fee	☐ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Certified Cog (additional copy	ру -	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		Registre Divisio P.O. Be	ING ADDRESS: ation Section n of Corporations ox 6327 assec, FL 32314	Reg Div Clil 266	istration Section of Corp ton Building	orations Center Circle

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H18000156582-3

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our rability Company)	ecorde.)
The Articles of Organization for this Limited Liability Company v	vere filed on 4/25/2007	and assigned
Florida document number L07000044556		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabil	ity company here:	
	The state of the s	KT F CON AL
The new name must be distinguishable and contain the words "Limited Liabilit	A Combile Sign me assignation	TILL OF the appreviation Libra.
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		一遍事而
		13 N F
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Enter new mailing address, if applicable:	. 62.24	() () 至
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	2 C Q
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here Name of New Registered Agent: New Registered Office Address:	ice address on our re	cords, enter the name of the o
	Enter Florida street i	address
	City	_, Florida
	•	tali cons
New Registered Agent's Signature, II changing Registered Agent: .		

I hereby accept the appointment as registered agent and agree to act in this capacity. I further ligree 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 Reg : ared Agent, Signature of New Registered Agent

Page 1 of 3

MGR = Manager

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If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

<u> Fitle</u>	<u>Name</u>	Address sun con	Type of Action
MGR	BRIAN BOWLES	: <i>t</i> .	
		<u></u>	
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	Signature of a member or authorized repr	resentative of a member
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