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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : STUMP, DIETRICH & SPEARS, P.A.

Account Number : I20000000161

Phone : (407) 425-2571

Fax Number

: (407)425-0827

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

Email Address:

LC AMND/RESTATE/CORRECT OR M/MG RESIGN PHOENIX RETAIL, LLC

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SEP 23 2010

EXAMINER

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September 22, 2010

FLORIDA DEPARTMENT OF STATE
Division of Corporations

PHOENIX RETAIL, LLC 37 NORTH ORANGE AVENUE SUITE 204 ORLANDO, FL 32801US

SUBJECT: PHOENIX RETAIL, LLC

REF: 107000080299

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SEP-22-2010 16:07 #10000208571 3

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STUMP DIETRICH & SPEARS ARTICLES OF AMENDMEN

407 425 0827

P.02

TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limite	Phoenix Retail, LLC d Liability Company as it now appears A Florida Limited Liability Company)	on our records.)				
The Articles of Organization for this Limited I Florida document numberL0700008	• • •	08-06-2007	and assign	ned		
This amendment is submitted to amend the fol	lowing:					
A. If amending name, enter the new name	of the limited liability company here	:				
The new name must be distinguishable and end w	ith the words "Limited Liability Compar	ny," the designation "I	LC" or the abl			
	and I am		20H			
Enter new principal offices address, if appli			AFE SE	Mintellion.		
(Principal office address MUST RE A STRE	<u>ET ADDRESS)</u>					
		<u></u>	44 ~	-		
		5		m		
Enter new mailing address, if applicable:			- 3	- I		
(Mailing address MAY BE A POST OFFICE	<u> </u>					
B. If amending the registered agent and registered agent and/or the new registered o		ur records, <u>enter (</u>	the name of	the new		
Name of New Registered Agent:	Jeffrey Pocklington	· · · · · · · · · · · · · · · · · · ·				
New Registered Office Address:	37 North Orange Avenue, S	Suite 204				
	Ent	Enter Florida street address				
	Orlando	, Florida	32801			
	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

IGR = Managing Member itle Name Address Address If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.	5 0827 P. 03 Fest of Countylana	407 425 is, enter the r \name, and agor	ETRICH & SPEARS ubers on our records	g the Managers or Manr g Men	amendin
itle Name Address Address	•	;	a from our fections.	nager	IGR = Ma
If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.	Type of Action		<u>Address</u>		
The state of the s	Add		_		
If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.	Remove				
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September 2 (,2010)					
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Signature of a member or authorized representative of a member		epresentative of a marghan	ember or authorized to	Signature of a m	
Jeffrey Pocklington Typed or printed name of signee		ngton	Jeffrey Pockling		

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