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SECRETARY OF STATE SECRETARY OF STATE

File

COVER LETTER

TO: Registration S Division of Co				
SUBJECT:T	HE 240 CLUB, (Name of Lin	レーC nited Liability Company)		
The enclosed Articles of	f Amendment and fee(s) are sul	bmitted for filing.		
Please return all corresp	ondence concerning this matter	r to the following:		
	Michael L. Tr	(Name of Person)		
		(Firm/Company)		98 98
	7065 Westp	ointe Blud., Suite 30 (Address)	>3	FILE JAN 28 ECRESS
	Orlando, F	City/State and Zip Code)		OR JAN 28 PM 12: 13 SECPRETARY OF STATE SECPRETARY OF STATE
For further information	concerning this matter, please of	call:		₽m ω
Michael L. Mame	of Person)	at (407) 532-21 (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 S Certified Copy (additional cop	tatus &

MAILING ADDRESS:

1

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

THE 240 CLUE	3, LLC			
(Name of the Limited Li (A F	ability Company as it now appea orida Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liab	ility Company were filed on	9/7/07	_ and assigned	
Florida document number <u>L070009153</u>				
This amendment is submitted to amend the follow	ing:		08 JAN 28 F	FILED
A. If amending name, enter the new name of the	ne limited liability company he	<u>re</u> :	P P	U
THE TWO FOR	TY CLUB, L.L	<u>.</u> c.	OF S	
The new name must be distinguishable and end with the "L.L.C."	he words "Limited Liability Comp	any," the designation "LLC	or man breviet	ion
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter the	name of the n	<u>ew</u>
Name of New Registered Agent:				_
New Registered Office Address:	(E	inter Florida street addre	ess)	-
		. 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

	<u>Name</u>	Address	Type of Action
			Add Remove
_			Add Remove
<u>. </u>			Add Remove
_			Add 8
			HAN 28 PM 12: 13
_	···		Add Remove
mend	ing any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary	·····
			_
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Filing Fee: \$25.00