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S. HAWKES

JUN 1 0 2010

EXAMINER

COVER LETTER

TO: Registration Section . Division of Corporations				
SUBJECT: The Board ciders 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:				
Curtis Brown Name of Person				
The Boardriders LLC Firm/Company				
234 S Federal Hwy Address				
City/State and Zip Code CBROWN WHAT O COMCAST. NET E-mail address: (to be used for future annual report notification)				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Curtis Brown at (561) 809-5579 Name of Person Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ Certificate of Status \$\ \text{Certified Copy} \\ (additional copy is enclosed)\$\$ Certified Copy \\ (additional copy is enclosed)\$\$ 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

The Boardriders LLC				
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)				
(
The Articles of Organization for this Limited Liability Company w	vere filed on 2/26/2008 and assigned			
Florida document number L 08000020527				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabili	ity company here:			
The new name must be distinguishable and end with the words "Limite" "L.L.C."	d Liability Company," the designation "LLC" or the abbreviation			
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)				
Enter new mailing address, if applicable:	234 A SOUTH FEDERAL HW			
(Mailing address MAY BE A POST OFFICE BOX)	BUCA RATON FI 33432			
Muning unitess MAT BE ATOST OFFICE BOX	BOCA RATOR PT 19 732			
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:				
Name of New Registered Agent:	: Alexander Brown			
New Registered Office Address: 3118	PIERSON Drive Enter Florida street address			
DALRAY	135ACH , Florida 33483			
	City Zip Code			
New Registered Agent's Signature, if changing Registered Agent:				
I hereby accept the appointment as registered agent and agree the provisions of all statutes relative to the proper and comple accept the obligations of my position as registered agent as probeing filed to merely reflect a change in the registered office a company has been notified in writing of this change.	ete performance of my duties, and I am familiar with and rovided for in Chapter 608; F.S. Or, if this document is			

	he Managers or Managing Members on <u>Member being added or removed from o</u>	our records, enter the title, name, and address	
MGR = Mana		ar records.	Type of Action
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Curtis Brown	3118 Pierson Drive DELRAY BEACH FL 33483	Kemove
MGRM	Laurie Bivona	1159 Hillsboro Mile Hillsboro BEACH 33062	Add Remove
MGRM	Michael Zambouros	158 TURTLE CREEK OR TEQUESTA FI 33469	_⊠ Add _□ Remove
MGRM	Matt Aschendoef	251 NE 28 Rd BOCA F1 33431	Add Remove
			□Add _□Remove -
			Add Remove
D. If amendin	ng any other information, enter change(s)	here: (Attach additional sheets, if necessary.)	_
			-
			-
Dated	6-5-2010 Mark	authorized representative of a monther	
-	Mat Aschardact	authorized representative of a monther Curtis Brok	n_

Page 2 of 2

Filing Fee: \$25.00