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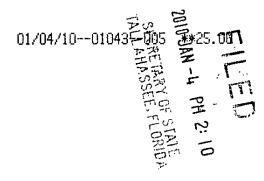
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Office Use Only



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Jun.



M. THOMAS

JAN - 5 2010

EXAMINER

COVER LETTER

TO: Registration Division of	n Section Corporations		
SUBJECT:			
	Name of Lim	ited Liability Company	
The enclosed Articles	s of Amendment and fee(s) are su	bmitted for filing.	
Please return all corre	espondence concerning this matter	r to the following:	
	***************************************	Jonathan Asbell	
		Name of Person	
4784 Temple Dr.		AE SE	
Address			
	D	elray Beach, FL 33445	2010 JAN -4 PM 2: 10 TALLAHASSEE FLORID
City/State and Zip Code		FOR PH	
	jonat	han@spbproperties.com	SII 2:
		to be used for future annual report notifica	mon) 5 5
For further information	on concerning this matter, please	call:	man, pr
,	Jonathan Asbell	at (_561) 24	47-5650
Nan	ne of Person	Area Code & Daytime 1	Celephone Number
Enclosed is a check for	or 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**

Growth Exp	erts, LLC				
(Name of the Limited Liability Compar (A Florida Limited L	iy as it now appea iability Company)	rs on our records.)			
The Articles of Organization for this Limited Liability Company	05/07/2008	and assigned			
Florida document numberL08000045816					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liabi	lity company hei	<u>re</u> :			
Jonathan As	 				
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Compa	any," the designation "			
Enter new principal offices address, if applicable:	4784 Temple	Dr	7010 TALL		
(Principal office address MUST BE A STREET ADDRESS)	Delray Beach	n, FL 33445	圣浴 差 一		
			SS +		
			一 是		
Enter new mailing address, if applicable:	4784 Temple		- 10 N		
(Mailing address MAY BE A POST OFFICE BOX)	Delray Beach	ı, FL 33445	一部 5		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		our records, <u>enter</u>	the name of the new		
Name of New Registered Agent: Karoline Asbell					
New Registered Office Address:	· ·		 		
	Enter Florida street address				
	, Florida				
New Designational Agent's Signature if changing Designatored Agent.	City		Zip Code		

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 **Type of Action** Title **Address** Name | ☐ Add Remove ☐ Add Remove Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) December 30 2009 Dated_ Signature of a member of authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00