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Office Use Only



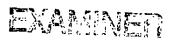
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M. THOMAS

MAY 1 2 2009



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: This to warm of Limite	ed Liability Company
Dear Sir or Madam:	
The enclosed Registered Agent/Registered Office	Change and fee(s) are submitted for filing.
Please return all correspondence concerning this n	natter to the following:
Scott Gasty /A Name of Person	TALLARIA TO TO
That was EASY Firm/Company	CC PROPERTY.
1700 ARABIAN LAME	
Poln Harbor FL 346 City/State and Zip Code	85
SGO TWERY COR E-mail address: (to be used for future annual report notification)	ion)
For further information concerning this matter, ple	ease call:
Scott Gosty A at (Area Code & Daytime Telephone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Eficlosed is a check for the following am	ount:
\$25 Filing Fee	\$55 Filing Fee & Certified Copy

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Name of the Limited Liability Compar (A Florida Limited L	ny a <u>s it now app</u> Liability Company	ears on our record	<u>.</u> <u></u>	
The Articles of Organization for this Limited Liability Company	were filed on _	5-29-2	<u>∞ 8</u> and assi	gned
Florida document number <u>LO 8 000053112</u>			i i	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	ility company l	nere:		
The new name must be distinguishable and end with the words "Limit"L.L.C."	ted Liability Con	npany," the designat	tion "LLC" or the a	bbreviation
Enter new principal offices address, if applicable:	1700 A	ARAB : AH	GAME	""
(Principal office address MUST BE A STREET ADDRESS)	Palm	HARBOR	FC 34	1685
Enter new mailing address, if applicable:	1760 1	ARABÌAH	LAME	
(Mailing address MAY BE A POST OFFICE BOX)	Palm	ARABIAH HARBOR	FLEGY	E85
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		n our records, <u>er</u>	nter the name of	the new
Name of New Registered Agent:				
New Registered Office Address:		Enter Florida stree	-	
	4			
	City	, Florid	laZip 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 = Mans MGRM = Ma	ager anaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Scott GastylA	PAIR MACHO TO 3468	Add Remove
MBR.	Dean YANWello	7/45 MAADOUVICUPA TRINITY FC 34655	ACC Add Remove
			Add Remove
	- dalam		Add Remove
			Add Remove
			Add Remove
D. If amendi	ng any other information, enter chang	ge(s) here: (Attach additional sheets, if necessar	
			2009 MAY 1 1 SECRETARY TALL AHASSE
Dated			PM 1:07
-	Sco H	or or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00