

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : SIMON & SIMON P.A.

Account Number: 072720000232

Phone

: (305)670-6750

Fax Number

: (305)670-6776

DESIGN

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

RNT EXTREME SPORTS, LLC

Certificate of Status	0
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J. BRYAN

SFP - 8 2009

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

305-670-6750/Fla Bar 184309

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ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

,			,	THE US A	
	RNT Extre	ne Sports	·		
(Name of the Limited (A	Liability Compa Florida Limited 1	ny as it now appears o liability Company):	n our records.)	是是上	
•	•			SERV Z	
The Articles of Organization for this Limited Li	ability Company	were filed on	June 6, 2008	and assigned	
Florida document number L08000056	3017		•	and assistant R. S.	
				10 m	
This amendment is submitted to amend the follo	owing:			7	
	,				
A. If amending name, enter the new name of	the limited liab	ility company here:			
			<u> </u>		
The new name must be distinguishable and end wit "LL.C."	h the words "Limi	ted Liability Company,	" the designation "l	il.C" or the abbreviation	
		40,000,000	a a sa	rin a	
Enter new principal offices address, if applicable:		16400 NW 2nd Avenue, Suite 203			
(Principal office address MUST BE A STREET ADDRESS)		North Miami, FL 33169			
Enter new mailing address, if applicable:		c/o Marc A. Osheroff			
(Majling address MAY BE A POST OFFICE BOX)		16400 NW 2nd Avenue, Suite 203			
		North Miami, FL 33169			
B. If amending the registered agent and/or the new registered of Name of New Registered Agent:		<u>e</u> :	records, <u>cater t</u>	he name of the new	
	16400 NW 2nd Avenue, Suite 203				
New Registered Office Address:	1010011111	Enter Florida street address			
,	· N	orth Miami		33169	
	17	City	, Florida	Zip Code	
New Registered Agent's Signature, if changing I	lagistaned Avents	•		· ded Se carreren	
trew Argusto en Agent a cognature; il changing a	CEPSTELLE A MENT.				
I hereby accept the appointment as registered the provisions of all statutes relative to the p accept the obligations of my position as regional being filed to merely reflect a change in the i dompany has been notified in writing of this	roper and comp stered agent as p registered office change.	lete performance of provided for in Chap address, I hereby co	my duties, and I a ner 608, F.S. Or, onfirm that the lin	m familiar with and if this document is the liability	
Sary P. Simon		nging Registered Agent,	Signature of New Rei	Isserta Agent	
9500 S Dadeland Blvd Ste 708	Page 1	of 2			
liami FL 33156-2849		F	10900019553	3	

MGR = Manager

3056706776

1109000195538

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:

MGRM = Managing Member Type of Action Address Title Name Mrg Marc A. Osheroff 16400 NW 2nd Avenue, Suite 203 DbA [5] Remove North Miami, EL33169 Mrg Jeff Huffman 16400 NW 2nd Avenue, Suite 203 North Miami, FL 33169 ✓ Add ☐ Remove Mrg Peter Bofill 13200 NW 43rd Avenue ☐ Add Opa Locka, Fl. 33054 Remove Add Remove ∏Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) September 2009 Dated Signature of member or authorized representative of a member Marc A. Osheroff

Gary P. Simon 9500 S Dadeland Blvd Ste 708 Miami FL 33156-2849 305-670-6750/Fla Bar 184309 Typed or printed name of signee
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Filing Fee: \$25.00

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