

Division of Corporations

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LD80000063181

Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850) 617-6383

L. SELLERS

JUL 25 2008

From:

Account Name : THE LAW OFFICES OF NICK SPRADLIN PLLC
Account Number : I20070000020
Phone : (813) 435-3176
Fax Number : (813) 333-6358

EXAMINER

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

PILOT CAMP ONE, LLC

Certificate of Status	0
Certified Copy	0

RECEIVED

08 JUL 24 AM 6:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

08 JUL 24 AM 10:52

FILED

Jul 23 2008 5:40PM

THE LAW OFFICES OF NICK S 8133336358

p.2

Estimated Charge

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Corporate Filing Menu

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7/23/2008

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ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

08 JUL 24 AM 10:03

SECRETARY OF STATE
TALLAHASSEE FLORIDA

PIOT CAMP ONE, 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 were filed on 06/27/2008 and assigned
Florida document number L08000063181

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

(Enter Florida street address)

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
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	JOHN MCCALLUM	540 NW 75TH AVE PLANTATION, FL 33317	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	JOHN MITVALSKY	540 NW 75TH AVE PLANTATION, FL 33317	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	MARLA MCCALLUM	540 NW 75TH AVE PLANTATION, FL 33317	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	MARLA MITVALSKY	540 NW 75TH AVE PLANTATION, FL 33317	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated

7/23, 08



Nick Spradlin

Authorized Representative

Typed or printed name of signer

08 JUL 24 AM 10:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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