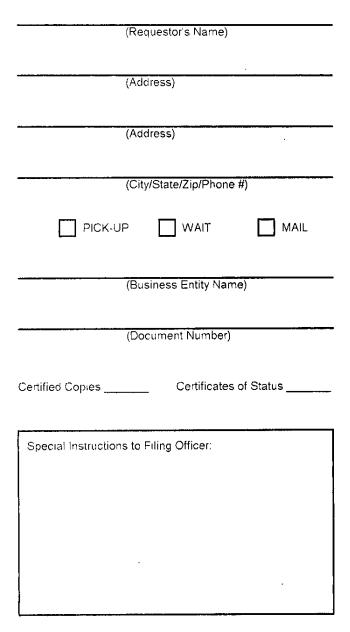
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B. KOHR

MAY 1 2 2009

EXAMINER



## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Kelbourne LLC	FILED 1:15
	Art of Inc. File
	LTD Partnership File Foreign Corp. File
	L.C. File Fictitious Name File
	Trade/Service Mark  Merger File
	Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
•	Fictitious Search
Signature	Fictitious Owner Search
	Vehicle Search
	Driving Record
Requested by 5/12 11:00	UCC 1 or 3 File
Name Date Time	UCC 11 Search
Tunio Duto Inno	UCC 11 Retrieval

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KELBOURNE LLC

OS MAY 12 PAY 1: 13

(A Tioria	a Diffited Diablinty Company)	•	•
The Articles of Organization for this Limited Liability Florida document numberL08000064294		07/01/2008	and assigned
This amendment is submitted to amend the following:	<b>;</b>		
A. If amending name, <u>enter the new name of the l</u>	mited liability company he	re:	
	HARD ROCK LLC		
The new name must be distinguishable and end with the w "L.L.C."	vords "Limited Liability Comp	any," the designation "LI	.C" or the abbreviation
Entar new principal offices address, if applicable:			
(Principal office oddress MUST BE A STREET ADI	ORESS)		
	·	<del></del>	<del></del>
Enter new malling address, if applicable:		•	
Matting address MAY BE A POST OFFICE BOX)		<del></del>	
MARKET STATE OF THE PARTY OF TH			
B. If amending the registered agent and/or registered agent and/or the new registered office ad	istered office address on ( dress here:	our records, <u>enter th</u>	name of the new
Name of New Registered Agent:	·		
New Registered Office Address:			•
	En	ter Florida street addre	5.5
		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 stanutes 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 = Mai MGRM = M	nagor Ianaging Member		
Title	Name	Address	Type of Action
<del></del>			Add Remove
<del></del>			Add Remove
······································			Add Remove
			Add Remove
			Add Remove
			Add Remove
). If amendi ——	ng any other information, enter change(s	n) here: (Attach additional sheets, if necessary.)	-
·			<del></del> ·
			- -
Dated	5/5/2009	authorized representative of a member	<del></del>
•		R SACKMAN JR.	
-	Typedor	printed name of signee	

Page 2 of 2

Filing Fee: \$25.00