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(Requestor's Name)				
(Address)				
(Address)				
(City	//State/Zip/Phone	e #)		
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(Document Number)				
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B. KOHR

SEP 2 4 2008

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporati	ons		
SUBJI	ECT:	Pierc. (Name of Limit	e-Jo-Ron L ted Liability Company)	LC
The en	nclosed Articles of Amend	dment and fee(s) are subr	nitted for filing.	
Please	return all correspondence	e concerning this matter t	to the following:	<u>, </u>
		<u>G</u>	(Name of Person) (Name of Person) (Firm/Company) (Address) (City/State and Zip Code)	OBSEP 23 PH 3: 15
For fu	rther information concern	ing this matter, please.ca	ıll:	
	(Name of Perso	Ma Urso	at (<u>454)</u> 394 - 8 (Area Code & Daytime T	627- Telephone Number)
Enclos	sed is a check for the follo	owing amount:		
\$2:	5.00 Filing Fee \$	30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certificate 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

(Name of the Limited Liability Compan (A Florida Limited Li	y as it now appears on our records.) ability Company)				
The Articles of Organization for this Limited Liability Company Florida document number	were filed on O7/08/08 and assigned on O7/08/08				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liability company here: Hot Scoters, UC					
The new name must be distinguishable and end with the words "Limite "L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation				
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	440 S. Dixre Highwan Hollywood, Fl. 33020				
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	440 S. Dixre Highway Hollyword, Pr. 33020				
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:	Giuseppe Urso				
New Registered Office Address:	(Enter Florida street address)				
	(City) Florida 3700 (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)

Page 1 of 2

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 Title Name <u>Address</u> **Type of Action** Gabriella Urso Giuseppe Urso ☐ Add Remove> Way Remove Remove Add

 Ad 🗖 Remove Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) September 18th , 2008 Signature of a prember or authorized representative of a member Ciuseppe Ursa Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00