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SAND STORM INDUSTRIES, LLC

SAND STORM SKATE SHOP 5476 SPRINGHILL DRIVE SPRING HILL, FLORIDA 34606 352-684-1422

TO: Divisions of Corporationbate October 3-2008

FROM: Robert J Martini TITLE Member

SUBJECT Changes to Sandstorm Industries
LLC

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Sand Storm Industries, LLC. (Name of Limited Liability Company)
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Robert J. Martini (Name of Person)
NONE (Firm/Company)
459 Savoy Ct.
Springhill, FL 34606 (City/State and Zip Code)
For further information concerning this matter, please call:
Robert J. Martini at (352) 200-6783 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \times \text{S30.00 Filing Fee & Certificate of Status} \ \text{Certified Copy (additional copy is enclosed)} \ Certified Copy (a

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**

FILED

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Sand Storr (Name of the Limited)	n Industr <u>iability Company as it now</u> Florida Limited Liability Con	appears on our records.)	RETARY DISTRIE MHASSEE, FLORIDA
The Articles of Organization for this Limited Lia		on July 11,200	and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability compa	iny here:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability	Company," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applica (Principal office address MUST BE A STREET	ble: 54° SADDRESS) 50°	76 Springhi ring Hill, FL	11 DR. . 34606
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	<u></u>		
B. If amending the registered agent and/o registered agent and/or the new registered off		ss on our records, <u>enter</u>	the name of the new
Name of New Registered Agent:	Maryana	Wagner-r	Martini
New Registered Office Address:	459 Sav	OY C+. (Enter Florida street ad	ldress)
	Spring Hi	, Florida	34606 (Zip Code)
New Registered Agent's Signature, if changing R			

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.

Page 1 of 2

Changing Registered Agent, Signature of New Registered Agent)

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member Title Name **Address** Type of Action Joshua Stechenfinger 459 Savoy Ct. Add Remove MGR 7224 Rockwood Drove Add Port Richey, FL 34606 Remove Michael Galarza MORM Maryann Wagner-Martini 459 Savoy Ct. Add SpringHill, FL. 34600 Remove mgRm Dylan Hall MGR 7064 Springhill DR. ■ Add SpringHill FL, 34606 Remove Edward Valencia MGR 0343 Granbrook Ave SpringHill, FL, 34606 Robert J. Martini MGR D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated October 3rd., 2008 Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00