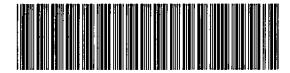
LORCOOMETBO

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| L. SELLERS |

Office Use Only

OCT 1.8 2011

EXAMINER



000213160540

10/12/11--01010--005 **30.00

11 OCT 12 PM 5-89.
SECRETARY OF STATE

FILED

COVER LETTER

| Division of C | Section Corporations | | | | |
|-------------------------|--|---|--|--|--|
| SUBJECT: | From Son | nebody Else, LLC | | | |
| | Name of Lim | ited Liability Company | | | |
| The enclosed Articles | of Amendment and fee(s) are sul | omitted for filing. | | | |
| Please return all corre | spondence concerning this matter | to the following: | | | |
| | Bryant Florez | | | | |
| | | Name of Person | | | |
| From Somebody Else, LLC | | | | | |
| | | Firm/Company | | | |
| | 221 | 52 Majestic Woods Way | | | |
| | | Address | | | |
| | В | oca Raton, FL 33428 | | | |
| | | City/State and Zip Code | | | |
| | tion) | | | | |
| For further information | n concerning this matter, please c | all: | | | |
| | Bryant Florez | at (954) 608-023 | 1 | | |
| Name | e of Person | Area Code & Daytime T | elephone Number | | |
| Enclosed is a check for | the following amount: | | | | |
| \$25.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | \$60.00 Filing Fee, Certificate of Status & Certified 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

| F | rom Somebo | ody Else, LLC | | |
|---|--|---|-----------------------------|--|
| (Name of the Limite | d Liability Compa A Florida Limited I | ny as it now appear Liability Company) | s on our records.) | |
| The Articles of Organization for this Limited I Florida document number | | were filed on | 10/21/2008 | and assigned |
| This amendment is submitted to amend the fol | lowing: | | | |
| A. If amending name, enter the new name of | of the limited liab | ility company her | <u>ē</u> : | |
| The new name must be distinguishable and end w "L.L.C." | ith the words "Limi | ited Liability Compa | ny," the designation "LI | LC" or the abbreviation |
| Enter new principal offices address, if applicable: | | 22152 Majest | ic Woods Way | |
| (Principal office address MUST BE A STREET ADDRESS) | | Boca Raton, F | FL 33428 | |
| | | | | |
| Enter new mailing address, if applicable: | | | | |
| (Mailing address MAY BE A POST OFFICE | BOX) | | | |
| B. If amending the registered agent and registered agent and/or the new registered of New Registered Agent: | | | ur records, <u>enter th</u> | e name of the new |
| New Registered Office Address: | 22152 Maje | stic Woods Way | | AFE CO TO |
| | | Ente | er Florida street addre | PSSSS N N |
| | В | oca Raton | , Florida | 789428v |
| New Registered Agent's Signature, if changing | Registered Agent: | City | | EPOSODE DO DE DE LA COMPANSION DE LA COM |
| | | | | > |

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 Mémber being added or removed from our records:

MGR = Manager

| <u>le</u> | <u>Name</u> | Address | Type of Actio |
|-------------|------------------------------------|--|---------------|
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| ····· | | | AddRemove |
| | | ange(s) here: (Attach additional sheets, if necessar) or the two current Managing Members, | v.) |
| <u>B</u> | ryant Florez and Justen Holter, to | o reflect: | |
| <u>2:</u> | 2152 Majestic Woods Way, Boca | Raton, FL 33428 | |
| | | | |
| _ | | | |
| ed | October 7 | 2011 . 1 1 6 > | |
| | | 2011 . Derior authorized representative of a member | |

Page 2 of 2

Filing Fee: \$25.00