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

M. THOMAS

APR - 2 2009

EXAMINER

COVER LETTER

| TO: Registration Se Division of Cor | | | |
|--|---|--|---|
| SUBJECT: GREEN | IWICH EXPOS LLC (Name of Lim | ited Liability Company) | C |
| | Amendment and fee(s) are sub | - | |
| Please return all correspon | ndence concerning this matter | to the following: | |
| | LAWRENCE SLOTE | | |
| | | (Name of Person) | |
| | GREENWICH EXPOS L | LC | |
| | | (Firm/Company) | |
| | 4400 NORTHCORP PKWY | | |
| | | (Address) | 09 APR -1 AM 10: 21 SECRETARING SEE FLORING |
| PALM BEACH GARDENS, FL 33410 | | | |
| | | (City/State and Zip Code) | FOF OF FI |
| For further information co | oncerning this matter, please c | all: | ORDER 2 |
| LAWRENCE SLOTE | | at (561) 584-8150 | |
| (Name o | f Person) | (Area Code & Daytime T | elephone Number) |
| Enclosed is a check for the | e 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

| GREENWICH EXPOS LLC | | |
|---|---|------------------------------------|
| (<u>Name of the Limited Liability Comp</u> (A Florida Limited | oany as it now appears on our rec Liability Company) | cords.) |
| The Articles of Organization for this Limited Liability Compan | ny were filed on 2/10/2009 | and assigned |
| Florida document number | | |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limited lia | bility company here: | 09 KSK. |
| The new name must be distinguishable and end with the words "Lin"L.L.C." | nited Liability Company," the desi | ignation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | | THE STATE OF |
| (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 or registered agent and/or the new registered office address he | | s, enter the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | (Enter Florida | street address) |
| | | orida |
| | (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)

| MGR = Ma | ng Member being added or remov anager Managing Member | <u>ved from our records</u> : | |
|--------------|---|--|----------------------|
| <u>Title</u> | <u>Name</u> | Address | Type of Action |
| MGRM | EFFIE MINITSIOS | 4400 NORTHCORP PKWY PALM BEACH GARDENS, FL 33410 | Add Remove |
| <u>MGRM</u> | KRISTA SCHUH | 4400 NORTHCORP PKWY PALM BEACH GARDENS, FL 33410 | Add Add Remove |
| | | | Add Remove |
| | | | Add Remove Of STATE |
| | | | Add PSTATE 2 |
| | | | Add Remove |
| D. If amen | ding any other information, enter | change(s) here: (Attach additional sheets, if necessar | ry.) |
| | EASE AMEND RECORDS TO INC | | |
| <u>CC</u> | OPY OF FEIN ASSIGNMENT IS EI | NCLOSED | |
| - | | | <u> </u> |
| Dated MAR | Laure | 2009 T. Stole | |
| | Signature of a LAWRENCE J. S | member or authorized representative of a member | |
| | E WINCHOL O. O | Typed or printed name of signee | |

Page 2 of 2

Filing Fee: \$25.00