

LD9000057859

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. C. 2009 OCT 20 2009

LAW OFFICES

JAMES R. MEROLA, P.A.

11380 PROSPERITY FARMS ROAD, SUITE 204
PALM BEACH GARDENS, FLORIDA 33410

TELEPHONE: (561) 622-1433 • FACSIMILE: (561) 622-6279

October 14, 2009

Secretary of State
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Re: Master Craft International, LLC
Document Number: L09000057859

Gentlemen:

Enclosed herewith please find Articles of Amendment to Articles of Organization, in duplicate, for the above-referenced limited liability company, together with our client's check in the amount of \$25.00 representing your filing fees.

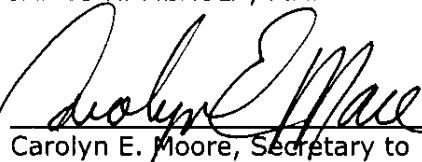
Kindly file the original and return the conformed copy to us in the enclosed, self-addressed, stamped envelope, for our records.

If you have any questions concerning the enclosed, please do not hesitate to call.

Very truly yours,

JAMES R. MEROLA, P.A.

By:



Carolyn E. Moore, Secretary to
James R. Merola, Esq.

cm
Enclosures

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

MASTER CRAFT INTERNATIONAL, LLC
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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The Articles of Organization for this Limited Liability Company were filed on June 15, 2009 and assigned
Florida document number L09000057859.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

13941 NW 20th Court

Opa Locka, FL 33054

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

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 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 Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	JAMES R. MEROLA, TRUSTEE	11380 Prosperity Farms Road Suite #204 Palm Beach Gardens, FL 33410	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	ALFONSO CONIGLIARO	13941 NW 20th Court Opa Locka, FL 33054	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated

10/14/09

Signature of a member or authorized representative of a member

Alfonso Conigliaro

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 OCT 19 PM 12:40

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