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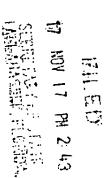
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## **COVER LETTER**

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TO: Registratio Division of			
	CARICAR	N1 11C	
SUBJECT:	CABLETTEAN UC  Name of Limited Liability Company  these of Amendment and fee(s) are submitted for filing.  The strespondence concerning this matter to the following:  Chesley Backright  Name of feeson  Brime Company  3734: Ashton Daks Blod,  Address  Wesley Chesle FL 33543  Chystate and Zip Code  Chesboo ama; I. Com  E-mail address: (to be used for toture annual report notification)  ation concerning this matter, please call:  Douting F.  Name of Ferson  at B13  Area Code  Daytime Telephone Number		
	, , , , , , , , , , , , , , , , , , , ,	( <b></b>	
The enclosed Article	es of Amendment and fee(s) aré subr	nitted for filing.	
Please return all corr	respondence concerning this matter t	o the following:	
	Chesley	Boutright Name of Foson	
	Car b	Yonal The Scrubs	·
		_ ,	4
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	E-mail address: (1	bo a muit, com	ation)
For further informat	,	·	
Chester Bo	putia) t	at(813) 482	-4739
/ N:		Area Code Daytime 3	relephone Number
\$25.00 Filing F	ee □ \$30.00 Filing Fee &	Certified Copy	Certificate of Status & Certified Copy
N	IAILING ADDRESS:	STREET/COURIE	R ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1.1

CABLETRAIN (Name of the Limited Liability Company)	y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company vi	0/10510.0
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
Beyond The Scrubs LL The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "LLC."
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	Beyond The Scrubs 3734 Ashton Oaks Blvd Wesley Chapel, FL 33543
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Beyond The Scrubs 3734 Aston Oaks Blvd Wesley Chapel, FL 33543
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, <u>enter the name of the new</u> :
Name of New Registered Agent:  New Registered Office Address:	Enter Florida street address
	Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:	PO
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as pleing filed to merely reflect a change in the registered office company has been notified in writing of this change.	performance of my duties, and I am familiar with and provided for in Chapter 605, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person\_being added or removed from our records:

1.7

MGR = M $AMBR = A$	lanager uthorized Member			
<u>Title</u>	<u>Name</u>	:	Address	Type of Action
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		Chesley E	contoid t	-	

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Filing Fee: \$25.00