

Florida Department of State

Division of Corporations Public Access System

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

PINE CREEK SPORTING TRADITIONS LLC

| Certificate of Status | 0 |
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10/19/2009



NO. 0669 P. 3

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ARTICLES OF AMENDMENT ; TO ARTICLES OF ORGANIZATION OF

| | PINE CREEK SPORTIN | G TRADIT | IONS LLC | | |
|---|---|--|----------------------------|------------------------|--|
| (Na | me of the Limited Liability Compan (A Florida Limited Li | y as it now appears ability Company | ars on our records.) | | |
| The Articles of Organization 1 | or this Limited Liability Company v | were filed on _ | August 21, 2009 | and assigned | |
| Florida document number | L09000081069 | | | | |
| This amendment is submitted | to amend the following: | | | | |
| A. If amending name, enter | the new name of the limited liabil | ity company h | <u>еге</u> : | | |
| The new name must be distinguing."L.L.C." | shable and end with the words "Limite | ed Liability Com | pany," the designation "LL | C" or the abbreviation | |
| Enter new principal offices a | address, if applicable: | | | <u> </u> | |
| (Principal office address MU | ST BE A STREET ADDRESS) | <u>-</u> | | 99 ISEC | |
| | > | | | <u> </u> | |
| Enter new mailing address, | if applicable: | | | TO COMPOSE | |
| (Mailing address MAY BE A | POST OFFICE BOX) | | | 3 POS | |
| | | | | A A | |
| | | | | o v 5 m | |
| | ered agent and/or registered offi new registered office address here | | our records, enter the | aname of the new | |
| | 4 | Ÿ | | . • | |
| Name of New Regis | tered Agent: | | | | |
| New Registered Offi | oe Address: | | | <u></u> | |
| | | 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

Page 1 of 2

MGR = Manager

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:

| MGRM = M | lanaging Member | | |
|---------------|----------------------------------|---|---------------------------|
| Title | Name | Address | Type of Action |
| <u>P</u> | Jeffrey S. Budz | 23721 N.E. 48th Avenue | Add ☐ Remove |
| | | Okeechobee, FL 34972 | Remove |
| STA | Stephen E. Myers, Jr. | One North Clematis St., Suite 100 | ✓ Add ☐ Remove |
| | | West Palm Beach, FL 33401 | . <u> </u> |
| | | | Add Remove |
| ř | | | _ |
| | | | Add Remove |
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| | | | Add Remove |
| | | | — |
| | | | Add Remove |
| D. If amend | ing any other information, enter | change(s) here: (Attach additional sheets, if necessary.) | ಆ. |
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| | | | FILESECRETARY VISION OF C |
| | | | - SA |
| | | | PORA |
| Dated | October 19 | 2009 | TEONS |
| | Stace | Halper | |
| | • | member or authorized representative of a member | |
| | Stacey Hair | pern, Esq., Authorized Representative Typed or printed name of signee | |

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