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> HILEU 10 MAY 13 PM 1:51. SECRETARY OF STATE

Christopher J. Kyler, P.C.[†]
Mark J. Kohler, MPrA, CPA, P.C.^{£¥}
Bryan R. Kohler, MBA, P.C.[£]
Michael J. Ostermiller [£]
Mathew N. Sorensen, P.C.[£]
Kenneth P. Childs ^{£a}
Kent A. Burggraaf [€]

† Admitted in California & Utah £ Admitted in Utah ¥ Also Licensed CPA in Arizona, Oregon & Utah € Admitted in California □ Admitted in Nevada



856 South Sage Dr., Suite 300 Cedar City, Utah 84720 t. 435.586.9366 f. 435.586.9491

www.kkolawyers.com

May 7, 2010

Department of State Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

To Whom It May Concern:

Enclosed for processing are duplicates of the Articles of Amendment for Senco Group, LLC (L09000091483). Also enclosed is a check in the amount of \$25.00 to cover the filing fee.

If you find the enclosed document acceptable, please note your acknowledgment of receipt on the copy and return it to my office with the enclosed return envelope as noted above.

Thank you for your anticipated attention to this matter.

Very truly yours,

KYLER KOHLER OSTERMILLER & SORENSEN, LLP

Holly Butterfield Legal Assistant

Enclosure

COVER LETTER

TO: Registration Division of C	Section Corporations		•
SUBJECT:	Senc	o Group, LLC	
		nited Liability Company	
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corres	spondence concerning this matte	r to the following:	•
		Holly Butterfield	
		Name of Person	
Kyler Kohler Ostermiller & Sorensen, LLP		en, LLP	
		Firm/Company	
856 South Sage Drive, Suite 300		300	
		Address	
Cedar City, Utah 84720			
•		City/State and Zip Code	
E-mail add		olly@kkolawyers.com to be used for future annual report	notification)
For further information	concerning this matter, please		
Н	olly Butterfield	at (_435_)	586-9366
Name	e of Person	Area Code & Da	ytime Telephone Number
Enclosed is a check for	r the following amount:		
√ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is encl	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAI	LING ADDRESS:	STREET/CO	URIER 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**

FILED

10 MAY 13 PM 1:51

•	Senco Group, LLC	SECRETARY OF STATE	
(Name of the Limited Lia (A Flo	ability Company as it now appears orda Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liabil Florida document number		otember 22, 2009 and assigned	
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company here:		
The new name must be distinguishable and end with th	e words "Limited Liability Company	," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable:	PO Box 22015		
(Mailing address MAY BE A POST OFFICE BO)	X) Lake Buena Vis	sta, FL 32830	
. :			
B. If amending the registered agent and/or registered agent and/or the new registered office	egistered office address on our address here:	records, enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter	Enter Florida street address	
-	City	Florida	
New Registered Agent's Signature, if changing Regis	•	Zip Code	
THE PARTY OF PERSONS IN THE PROPERTY OF THE PARTY OF THE	**************************************		

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 Type of Action **Address Title Name** Keenan McClure MGR Po Box 22015 □ Add Lake Buena Vista, FL 32830 Remove Address Change Only ☐ Remove _ Add ☐ Remove [™] Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary); Signature of a member of authorized representative of a member Keenan McClure, Manager Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00