10000091689

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
L. SELLERS					
MAR 1 6. 2011					
EXAMINER					

Office Use Only



300197658483

03/15/11--01004--007 **25.00

SECRETARY OF STATE

COVER LETTER

TO:	Registration Sect Division of Corpo							
SHRIE	ALLIGATOR VACATION RENTALS, LLC							
3000			ted Liability Company					
		mendment and fee(s) are sub-	-					
			HEIKE BUSBY					
			Name of Person					
		ALLU	RE ACCOUNTING, LLC	C				
			Firm/Company					
		3665 BON	3665 BONITA BEACH ROAD, STE. 1-3					
			Address					
		4						
			City/State and Zip Code	 				
	HBUSBY@ALLUREACCOUNTING.COM E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:								
			••••					
		A LOEFFLER	at (_239)	992-3355				
	Name of P	erson	Area Code & Day	time Telephone Number				
Enclose	ed is a check for the	following amount:						
\$25	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)				
	MAILIN	G ADDRESS:	STREET/COU	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

ALLIGATOR VACATION RENTALS, LLC (Name of the Limited Liability Company as it now appears on our records.)

(A FIORIUS LIMITEU L	natifity Company)		
The Articles of Organization for this Limited I	Liability Company	were filed on	09/22/2009	and assigned
Florida document number L0900009	-			 :
This amendment is submitted to amend the fol	llowing:			
A. If amending name, enter the new name	of the limited liab	lity company he	re:	
	PIT BULL U	•		
The new name must be distinguishable and end w "L.L.C."	rith the words "Limit	ted Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if appli	N/A			
(Principal office address MUST BE A STRE				
Enter new mailing address, if applicable:		N/A		11 - 11 - 1 - 11 - 11 - 11 - 11 - 11 -
(Mailing address MAY BE A POST OFFICE	<u>BOX)</u>			· · · · · · · · · · · · · · · · · · ·
		-		
B. If amending the registered agent and	or registered off	ice address on (our r e cords, enter ti	⇒ → he man
registered agent and/or the new registered of			<u></u>	AR A TI
				TAN ASS
Name of New Registered Agent:	N/A			EGG TO IT
New Registered Office Address:				
		En	ter Florida street addi	erros S
			. Florida	€ # €
		City		Zip Code
New Registered Agent's Signature, if changing	Registered Agent:			
I hereby accept the appointment as registere the provisions of all statutes relative to the				
accept the obligations of my position as reg				

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 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>	Name	Address	Type of Action		
	N/A		Add Remove		
	N/A		Add Remove		
	N/A		Add Remove		
	N/A		Add Remove		
	N/A		∏Add Remove		
<u></u>	N/A		Add Remove		
D. If an	nending any other information,	enter change(s) here: (Attach additional sheets, if necessary.)	-		
Dated	FEB. 23RD				
	Signature	of a member or authorized representative of a member RALF STURM			
		Typed or printed name of signee			

Page 2 of 2

Filing Fee: \$25.00