L09000/14852

(Requestor's Name) Jump. n Torp Arcade 903 E. Rr. ma Vista Blvd. Port Saint Lucie, [1 34952]	600183104946
(City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	07/14/1001009022 **25.00
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J. BRYAN

FILED

JUL 15 2010

EXAMINER

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(A Florida Limited Liability Company)

lability Company as it now appears on our records.)

The Articles of Organization for this Limited Li-	ability Company w	vere filed on 12.	2-2009	and assigned	i
Florida document number <u>LOGOOO 119</u>	4852		,	•	
This amendment is submitted to amend the follo	wing:				
A. If amending name, enter the new name of	the limited liabili	ty company here:			
The new name must be distinguishable and end with "L.L.C."	the words "Limite	d Liability Company,'	`the designation	"LLC" or the abbrev	 viatio
Enter new principal offices address, if applica	ıble:			300 6	
(Principal office address MUST BE A STREE	T ADDRESS)		,	器	
			1	SSEE.	\ 3
Enter new mailing address, if applicable:				FLORITORIO	
(Mailing address MAY BE A POST OFFICE I	<u>30X)</u>			RIDA	
B. If amending the registered agent and/o registered agent and/or the new registered off		e address on our	records, enter	the name of the	nev
Name of New Registered Agent:	Ma	tthew	Dole		
New Registered Office Address:	903 E.	Hrew Prima V.	SA Florida street ad	B/vQ ddress	
	Port Sc.	Enter I	, Florida _	34952 Zip Code	
New Registered Agent's Signature, if changing R		•		•	•

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If Changing Registered Agent, Signature of New 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 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 = Mana MGRM = Ma	ger naging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MOR	Brendu Puyne	905 E. Rr. ma V. St. 3110 Part Sa. rst Lucie Flord. 34952	Add
196-R	Matthew Dole	903 F. Prima Vista Sird. Bort Saint Lucie, Flor 34952	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendin	g any other information, enter change(s	s) here: (Attach additional sheets, if necessary.)	_
 Dated	Brenda To	FALLAHASSEE, FLORIDA	FILED
_	Brenn Payre	authorized representative of a member printed name of signee	

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Filing Fee: \$25.00