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(Requestor's Name)					
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SECRETARY OF STATE
IVISION OF CORPORATIONS!

T. HAMPTON

APR 1 8 2010

EXAMINER

COVER LETTER

10.	Division of Cor						
SURJE	Free Entry Clay County LLC						
SOBJE	Name of Limited Liability Company						
The enc	closed Articles of	`Amendment and fee(s) are sub	mitted for filing.				
Please r	return all correspo	ondence concerning this matter	to the following:				
		В	Brandon S. Richardson				
	Name of Person						
		Mathis & Murphy, P.A.					
		Firm/Company					
		1200 Riverplace Blvd., Suite 902					
		Address					
	•	Ja	Jacksonville, FL 32207				
		City/State and Zip Code					
		brich E-mail address: (nardson@mathislaw.net to be used for future annual report noti	ification)			
For furt	ther information	concerning this matter, please of	all:				
	Brando	on S. Richardson	at (_904)	396-5500			
_	Name	of Person	Area Code & Daytir	me Telephone Number			
Enclose	ed is a check for t	the following amount:					
\$25	.00 Filing Fee	\$30,00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		tration Section on of Corporations 30x 6327	Registration Sect Division of Corpo Clifton Building	orations Center Circle			

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Free Entry Clay C	ounty LL	. <u>C</u>			
(Name of the Lin	mited Liability Company as (A Florida Limited Liabi	it now appe ity Company	ars on our records.)			
The Articles of Organization for this Limit	• • •	e filed on	January 21, 2010	and assigned		
Florida document numberL1000	0007776					
This amendment is submitted to amend the	e following:					
A. If amending name, enter the new na	me of the limited liability	company h	<u>ere</u> :			
The new name must be distinguishable and en "L.L.C."	nd with the words "Limited I	Liability Com	pany," the designation "L	LC" or the abbreviation		
Enter new principal offices address, if a	pplicable:					
(Principal office address MUST BE A ST	TREET ADDRESS)					
				CR 101		
	_	·		3 2		
Catanana mailian adduses if annitashi				72		
Enter new mailing address, if applicable	_	_ _		7		
<u>(Mailing address MAY BE A POST OFF</u>	<u> </u>					
	_					
				** 2		
B. If amending the registered agent		address or	our records, enter th	ne name of the fiew		
registered agent and/or the new register	red office address nere:					
Name of New Registered Agent:						
New Registered Office Address:						
		Enter Florida street address				
			, Florida			
		itv		7in Coda		

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

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> <u>Name</u> Address Type of Action MGRM Salim Saloum 3670 Reedpoint Dr N ☐ Add Jacksonville, FL 32223 Remove Brad Skidmore MGRM 231 Koolabrew Dr Calabash, NC 28467 MGRM Jann Ryles 231 Koolabrew Dr ✓ Add Calabash, NC 28467 _ Remove ∏Add Remove \square Add Remove $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2010 Signature of a member or authorized representative of a member Mazen Salloum Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00