L10000011868

(Address) (Address) (City/State/Zip/Phone #) PiCK-UP WAIT MAIL (Business Entity Name)				
(City/State/Zip/Phone #) PiCK-UP WAIT MAIL (Business Entity Name)				
PiCK-UP WAIT MAIL (Business Entity Name)				
(Business Entity Name)				
(Document Number)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



600180530036

05/10/10--01008--020 **25.00

2010 MAY 10 AM II: 14
SECRETARY OF STATE

T. CLINE
MAY 1 1 2010

EXAMINER

COVER LETTER

TO:	Registration Solution of Con			
SUBJI	ECT:	THUMP ALL Name of Limi	OAY, LLC ted Liability Company	
The en	closed Articles of	Amendment and fee(s) are sub	mitted for filing.	·
Please	return all correspo	ondence concerning this matter	to the following:	
			Name of Person HUMP ALL DA Firm/Company	
				rer_
		A	Address Address	TILL ANIASSEE FLORID AY. COMPETABLE FLORID
		E-mail address: (t	O be used for future annual report notifica	Ay. Com
For fur	ther information of	concerning this matter, please c	all:	: 14 ORIDA
		of Person	at (<u>305)</u> <u>915</u> - Area Code & Daytime 1	2772 Telephone Number
Enclos	ed is a check for t	the following amount:		
_	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Companion (A Florida Limited Liability Companion)	Y LLC y as it now appears on our r ability Company)	records.)	_
The Articles of Organization for this Limited Liability Company via Florida document number	vere filed on <u>FEB. 6</u>	2 , <i>2010</i> and	assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabil	ity company here:		
The new name must be distinguishable and end with the words "Limite 'L.L.C."	ed Liability Company," the do	esignation "LLC" or t	he abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		201 72 SE 72 SE	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SW BRIDA	ERM
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here		ds, <u>enter the nam</u>	e of the new
Name of New Registered Agent: New Registered Office Address: /3	LLIAM J. C 433 SW 66	LEONG TER la street address	
	LIAMI City		33/83 Tode

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 ² Managing Member **Title** <u>Name</u> Address **Type of Action** FELIPE ISAZA ☐ Add Remove ☐ Add ☐ Remove Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) CHANGE REGISTERED AGENT NAME FROM: WILL LEONG WILLIAM J. LEONG Dated Signature of a member or authorized representative of a member WILLIAM J. LEONG Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00