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DIVISION OF CORPORATION

COVER LETTER

	Registration Secti Division of Corpo	
SUBJEC	ст: <u>У</u> (Name of Limited Liability Company
-		Name of Limited Clabinty Company
The enclo	osed Articles of An	nendment and fee(s) are submitted for filing.
Please re	turn all correspond	PATRICK FITZURALD (AND)
		ELLY ANN O'CONNOR
		V. 16 12 a 4 b 3
		Firm/Company
		358 S. ST. RU. 7
		Address
		MARGATE FL 33068
		Your Place Pub Firm/Company 358 S. ST. Ru. 7 Address MARGATE FL 33068 City/State and Zin Code PATR-1ck 4948 DD ATT. NET E-mail address: (to be used for future annual report notification)
For furth	er information cond	cerning this matter, please call:
PAT	RICK FI	erson at (954) 245 - 1994 Area Code & Daytime Telephone Number
/	is a check for the f	
		S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) 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



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7007	2 PLACE	= PUB	LLC		- 47
(<u>Name of the Limi</u>	ted Liability Compa (A Florida Limited I	ny as it now appea	ars on our record	<u>is.</u>)	
The Articles of Organization for this Limited Florida document number/ 00006	l Liability Company		4/14/2		ssigned
This amendment is submitted to amend the f	ollowing:				
A. If amending name, enter the new name	e of the limited liab	ility company he	re:		
The new name must be distinguishable and end "L.L.C."	with the words "Limi	ted Liability Comp	pany," the designa	tion "LLC" or the	abbreviation
Enter new principal offices address, if app (Principal office address MUST BE A STR PARTNER ADDED 50	EET ADDRESS)	KELLY 358 MAKUA	ANN O S. ST. O TE FL	1 CONN RD. 7 3306	
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFIC	E BOX)	NA			
B. If amending the registered agent ar registered agent and/or the new registered	d/or registered of office address her	fice address on	our records, <u>e</u>	nter the name	of the new
Name of New Registered Agent:		~ 	·		, _
New Registered Office Address:			- /		:
		E	nter Florida stre	et address	
	7	-	, Flori	da	••
		City	,	Zip Cod	de

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.

In Changing Registered Agent, Signature of New Registered Agent

MGR = Manag MGRM = Mai	ger naging Member						
<u>Title</u>	Name		Address				Type of Action
RM	KELLY ANN 50%	O'C.OMPY	<u> </u>	2900	NE	30TH ST.	Add
PARTHER	50%		FI	count	Dixe	PL 33306	Remove
			46-1				Add Remove
							Add Remove
				100			Add Remove
							_□Add □□Remove
							Add Remove
1	ng any other information PAIRICK ADVING EXTREM OF	FITZLE	LALD	AS	THE	REL-1STE	
Dated 4	/14/2011 (AD	ru, 14th	20/1	Kel	lej	ann(PR 18 PH ST

Page 2 of 2

Filing Fee: \$25.00