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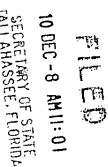
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J. BRYAN

DEC - 9 2010

EXAMINER

COVER LETTER

TO: Registration S . Division of Co	Section orporations		
SUBJECT:	Spo	ortyPet LLC	
		ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corresp	condence concerning this matte	r to the following:	
		Todd Handler	
		Name of Person	
		SportyPet LLC	
Firm/Company			
	50	91 Cypress Links Blvd	10 DF
Address		五百 7	
		Elkton Fl 32033	C-8 AHII: O
City/State and Zip Code		Tro I C	
	E-mail addressy	bunkersbackyard.com to be used for future annual report notifica	疆 9
For further information	concerning this matter, please		Holl)
Т	odd Handler	at (_904_)3	05-3001
	of Person	Area Code & Daytime T	
Enclosed 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 enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	•		

MAILING ADDRESS:

TO:

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

<u> </u>	portyPet LLC		
(<u>Name of the Limited Liabilit</u> (A Florida	ty Company as it now appear Limited Liability Company)	's on our records.)	
`	J - 1 - J/		
The Articles of Organization for this Limited Liability (Company were filed on	5/10/2010	and assigned
Florida document numberL10000050523			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	nited liability company her	<u>e</u> :	
The new name must be distinguishable and end with the world.L.C."	ords "Limited Liability Compa	ny," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD.	RESS)		·· ······ ···
			io SEC
			AH DEC
Enter new mailing address, if applicable:			ASS &
(Mailing address MAY BE A POST OFFICE BOX)	(nderville)		HO R IN
25.1.05.01.102.2011			元の言い
			FLORED OF
B. If amending the registered agent and/or regis	stered office address on o	ur records, enter t	he name of the new
registered agent and/or the new registered office add		, <u></u>	
Name of New Registered Agent:			
New Registered Office Address:			
·	Enter Florida street address		
		, Florida	
	City		Zip Code

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 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** MGRM Mirage LLC 1215 N. ASHLEY DRIVE ✓ Add NIXA MO 65714 Remove DAVIS, STEPHANIE MGRM 1215 N. ASHLEY DRIVE ☐ Add NIXA MO 65714_____ ✓ Remove ☐ Add Remove Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) December 4 2010 Dated Signature of a member or authorized representative of a member Todd Handler Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00