Florida Department of State Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000172346 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this Age Doing so will generate another cover sheet.

Page 1 of 1

Division of Corporations

Fax Number : (850)617-6383

From:

ACCOUNT Name : MACFARLANE FERGUSON & MCMULLEN

Account Number : 076077001654 Phone : (813)273-4304

Fax Number

: (813)273-4396

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

flartampa@macfar.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN STAGING FOR THE FUTURE, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 8 |
| Page Count | 02 |
| Estimated Charge | \$25.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

JUL-29-2010 15:15

(((H10000172346 3)))

ARTICLES OF AMENDMENT TO 10 JUL 29 AM 8: 37 ARTICLES OF ORGANIZATION SECRETARY OF STATE OF JALLAHASSEE, FLORIDA

| New Registered Office Address: | | snier Florida street addi | |
|--|---|-----------------------------|-------------------------|
| Name of New Registered Agent: | | ` | |
| B. If amouding the registered agent and/or registered agent and/or the new registered office | | our records, <u>enter t</u> | ne name of the new |
| Lit | | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO) | X | | |
| | | - | |
| (Principal office address MUST BE A STREET A | DDRESS) | | |
| Enter new principal offices address, if applicable | e; | | |
| The new name must be distinguishable and end with th | c words "Limited Liability Com | pany," the designation "L | LC" or the abbreviation |
| A. If amending name, enter the new name of the | e limited liability company h | cre: | |
| This amendment is submitted to amend the following | ng: | | |
| Florida document numberL100007455 | | | |
| The Articles of Organization for this Limited Liabil | | July 14, 2010 | and assigned |
| (A Pla | rida Limited Liability Company |) | |
| /Name of the Limited Lia | ing for the Future, LLi bility Company as it now ange orida Limited Liability Company | ars on our records.) | |

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

(((HI Comending 46e-M)) hagers 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 | | | | |
|--------------------------------------|------------------------------------|---|-------------------------------|--|
| Title | Name | Address | Type of Action | |
| MGR | Harold G. Wilson | 19046 Bruce B. Downs Boulevard, #70 Tamoa, Florida 33647 | Add Remove | |
| | | | Add Remove | |
| | | | Add Remove | |
| | | | Add Remove | |
| | | | Add Remove | |
| | | | Add Remove | |
| D. If smeud | ing any other information, enter c | change(s) here: (Attach additional sheets, if necessary.) | - | |
| | | | FIL 10 JUL 29 SECRETARY | |
| Dated | July 29 | 2040 | AH 8: 37 | |
| | Signature of a me | ember or authorized representative of a member | | |
| • | John A. Willie | ams, Attorney and Authorized Agent | | |
| | | Typed or printed name of signed | | |

(((H10000172346 3)))

Filing Fee: \$25.00

Page 2 of 2