Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CLARA GIRALDO, P.A.

Account Number : J19990000017 Phone : (305)485-9300 Fax Number : (305)485-1098

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

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SOUTH FLORIDA TEAM ROPING ASSOCIATION, LLC

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Corporate Filing Me

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## BERRÍZSGIRALDO + H110001911723.

## ARTICLES OF AMENDMENT

APPECIATION OF OR ANYTHMEN	
ARTICLES OF ORGANIZATION	
OF	
SOUTH FLORIDA TEAM KOPING ASSOCIATION, LAC (Name of the Limited Liability Company as it now appears on our records.)  (A Plorida Limited Liability Company)	2
The Articles of Organization for this Limited Liability Company were filed on AUGUST 4, 2010 and assigned	
Florida document number <u>C1000082029</u>	
This amendment is submitted to amend the following:	
A. If smending name, enter the new name of the limited liability company here:	
PPS	
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the absreviation "LLC"	
507 507 120 Aug 5	
Enter new principal offices address, if applicable:	
(Principal office uddress MUST BE A STREET ADDRESS) SOUTH WEST RANCHES, FX.	
$\sim$ .	
Enter new mailing address, if applicable: 5591 Sw 130 AVE	
(Mailing address MAY BE A POST OFFICE BOX) SOUTH WEST RANGHES FX 33330.	
B. If amending the registered agent and/or registered office address on our records, enter the name of the new	
registered agent and/or the new registered office address here:	
$\overline{}$	
Name of New Registered Agent: - UAN 77. HERNANDED.	
New Registered Office Address: 5591 Sul) 130 AVE	
New Registered Office Address: 55 97 500 AVE  Enter Florida street address	
( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( )	
SOUTH WEST KANEHES, Florida 33330.	
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.	
CLARA GIRALDO P.A. If Changing Registered Agent, Signature of New Registered Agent	

4080 SW 84 AVE SUITE C MIAMI, FL 33155 (305) 485-9300

Page 1 of 2

Hij 000 1911923

Type of Action

HII 000 1911723.

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

Title Name Address

MBR HERNANTEZ TVAN A. 14300 MUSTANO TRA

M6R	H <u>ERRERA KICHA</u> RI	500TH WEST RANCHUS PLANS OF STREET
		Add Remove
		Add
<del></del>		Add Remove

			•	
D. Ifam	nending any other information, enter change(s) here; (Attach additional sheets, if	necessary.)		
	nending any other information, enter change(s) here: (Attach additional sheets, if  HAZ) 6E Address MOR HERNANDEZ, I	VAN H		
	5591 Su) 130	Ave_	_	
•	SOUTH WEST RANG	HES FL	333	30
•	DELETE! MUR HERRERA, RICHA	ED.		S IC
_				Sissi

Dated 26 July , 2011.

Signature of a member or sutherized representative of

Typest of strinted name of signee

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epresentative of a member

ORPORATION

Add Remove