## #1/0000/17326

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## **COVER LETTER**

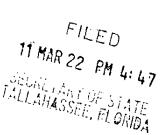
	of Corporations
SUBJECT:	Alley-Oop SKim Flore 104 LLC  Name of Limited Liability Company
The enclosed Arti	icles of Amendment and fee(s) are submitted for filing.
Please return all c	orrespondence concerning this matter to the following:
	Jason Wilson Name of Person
	Alley-Oop Skipu FlorIDA, LLC Firm/Company
	220 E. Commercial Blyd. UnitB
	Landerdale-By-The-Sca FL 33308  City/State and Zip Code  alle 400 ps Kim @ hotmail. com  E-mail/address: (to be used for future annual report notification)
	E-mail address: (to be used for future annual report notification)
For further inform	nation concerning this matter, please call:
Jasi	Name of Person at (7100) 458-7546  Area Code & Daytime Telephone Number
Enclosed is a chec	ck for the following amount:
\$25.00 Filing	Fee \$\bigsquare{\text{S55.00 Filing Fee & Certificate of Status}}\$\ \bigsquare{\text{S55.00 Filing Fee & Certificate of Status}}\$\ \bigsquare{\text{Certified Copy (additional copy is enclosed)}}\$\ \bigsquare{\text{S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}}\$\ \end{additional copy is enclosed}\$\ additio

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



Alley O	op Skim	INCLDA, LLC Inv as it now appears of Liability Company)			
( <u>Name of the Limited</u> (A	Liability Comps Florida Limited	ny as it now appears o Liability Company)	n our records.)		
The Articles of Organization for this Limited Li		were filed on	0/2010	and assigned	
Florida document number <u>L 100001173</u>	26				
This amendment is submitted to amend the following	owing:				
A. If amending name, enter the new name of	f the limited liab	oility company here:			
The new name must be distinguishable and end wit "L.L.C."	h the words "Lim	ited Liability Company,	" the designation	"LLC" or the abbreviation	
Enter new principal offices address, if applic	able:	<del></del>		<del></del>	
(Principal office address MUST BE A STREE	T ADDRESS)				
		<del></del>		<del></del>	
Enter new mailing address, if applicable:		220 E.Co	mmercial	Blud. UnitB	
(Mailing address MAY BE A POST OFFICE	BOX)	Landerdale	- By. The-	Blud. Un. 1B Sea, FL 33308	
B. If amending the registered agent and/or the new registered of			records, enter	the name of the new	
Name of New Registered Agent:					
New Registered Office Address: 220, G. Commercial Blul. Unit B Enter Florida street address					
	1. 1. 11	Enter I	rioriaa sireet aa	2225P	
	Lunarage	City	, Fiorida _	33308 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 **Type of Action Title** <u>Address</u> **Name** 18 New Orleans St. Dewey Beach, DE 19971 US MGRM ☐ Add Remove Corey Mahoney MGRM Remove Alley-Dop SKIM INC. MGRM ∏Add Remove ∏Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Jason Wilson
Typed or printed name of signee

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Filing Fee: \$25.00