L10000121283

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SECRETARY OF STATE
TALLAHASSEE, FLORID

N. Cuffigen DEC 1 6 2011

COVER LETTER

FO: Registration Se Division of Cor					
SUBJECT: Per	15awla Rolle Name of Limite	T GUY Z, LLC ed Liability Company	•		
The enclosed Articles of	Amendment and fee(s) are subm	nitted for filing.			
Please return all correspo	ndence concerning this matter to	o the following:			
	Kris	5 Thoma Name of Person			
	Penso	acola Roller Gu	MZ, LLC		
	2299 Sc	enic Hwy, Unit	S-8		
	Pen	Sacola, FL 3250 City/State and Zip Code	03		
		aroller derby by be used for future annual report notification			
For further information concerning this matter, please call:					
Kris TI	NO MO Person	at (850) 377 –513 Area Code & Daytime T	36 elephone Number		
Engloced is a check for th	e following amount:				
Enclosed is a check for the \$25.00 Filing Fee Already Submitted	\$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: 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

FILED 11 DEC 16 AM 9:59 SECRETARY OF THE

<u> </u>	a ko	ller Gu	ZJALLAH	SSEE FLOOM
(<u>Name of the Limited Lia</u> (A Flo	bility Compar orida Limited L	iv as it now appears iability Company)	on our records.)	COMIDA
The Articles of Organization for this Limited Liabil	lity Company	were filed on <u>NO</u>	N.23,2010	and assigned
Florida document number <u>L1000c121283</u>	· · · · · · ·		·	
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	e limited liab	ility company here	:	
The new name must be distinguishable and end with the "L.L.C."	e words "Limit	ted Liability Compan	y," the designation '	'LLC" or the abbreviation
Enter new principal offices address, if applicable	::	KiisThoma	Preside	nt
(Principal office address MUST BE A STREET A	DDRESS)	2209 Sce	enic Hwy.	, Unit S.8
		Pensacola	, FL 329	503
Enter new mailing address, if applicable:		2299 Sc	enic Hw	v. Units-8
(Mailing address MAY BE A POST OFFICE BO)	<u>X)</u>	Pensaco	19, FL	1., Units-8 32503
				
B. If amending the registered agent and/or r registered agent and/or the new registered office			r records, <u>enter</u>	the name of the new
Name of New Registered Agent:	Kris	Thoma		· · · ·
New Registered Office Address:	2299	Scenic	Hwy. Ur r Florida street ad	1it S-8
	Pens	acola	, Florida	00200
_		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 Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action	
MGRM	KrisThoma	2299 Scenic Hwy. Units8 Pensacola, Fl 32503	Add Remove	
<u>Marm</u>	Kim Meding	764 Woodmere Drive Pensacola, Fl 32503	Add Remove	
m <u>grm</u>	Tara Deaguilera	4094 Hwy. 297A Cantonment, FL 32533	_ X Add Remove	
ng <u>rm</u>	Adrienne Trowick	5643 Ventura Lane Pensacola, Fl 32526	Add Remove	
	See Next		Add Remove Add Remove	
D. If amendi		nal Page	FILED 11 DEC 16 AN 9: 59 SECKLIASY OF STATE ANALOGE FLORIDA	
Dated Dec	Signature of a member of	em Domo applorized representative of a member n (Kris) Thoma	-	
_	TY 15 IQIY Typed or	printed name of signee		

Page 2 of 2

Filing Fee: \$25.00

If amending the Managers or Managing Members on our secords, 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
morm	Allison Klingmann	1605 W Chase St Pensocola, FL 32502	☐ Add Remove
m <u>GRM</u>	Michelle Link	2139 Wind Trace Rd N Navarre, FL 32566	∴ Add ☑ Remove
marin.	Britiney Goodman	4210 Rosebud Court Fensacola, FL 32504	☐ Add Remove
MGRM	Allyson Brailey	13840 Timber Creek Dr Cartonment, FL 32533	☐ Add ☐ Remove