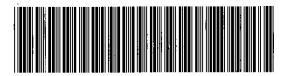
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SECRETARY OF STATE
TAIL AHASSEF FLORIDA

T. CLINE
JUN 1 7 2011
EXAMINER

COVER LETTER

TO: Registration Division of	on Section Corporations	
SUBJECT:	CLUB EXIT	OF ORLANDO, LLC
		ited Liability Company
The enclosed Article	es of Amendment and fee(s) are su	bmitted for filing.
Please return all corr	respondence concerning this matte	r to the following:
	•	•
	Ste	ephen M. Stone, Esquire
		Name of Person
	l aw C	Offices of Stephen M. Stone
	Law	Firm/Company
	72	25 N. Magnolia Avenue
	• .	Address
	C	Orlando, Florida 32803
		City/State and Zip Code
		nstonelaw@cfl.rr.com
		to be used for future annual report notification)
For further informati	on concerning this matter, please	call: ASE 20
Steph	en M. Stone, Esquire	at (407) 423-7910 Area Code & Daytime Telephone Number SR
	me of Person	at (407) 423-7910 Area Code & Daytime Telephone Number
		1110
Enclosed is a check i	for the following amount:	FS P
✓ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
Rej Div P.C	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327 lahassee, 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

CLUB EXI	<u>T OF ORLANDO, L</u>	<u>-LC</u>				
(<u>Name of the Limited Liabilit</u> (A Florida	Limited Liability Company)	irs on our records.)				
The Articles of Organization for this Limited Liability (Company were filed on	01/21/2011	and	l assign	ned	
Florida document numberL1100008904	·				*	
This amendment is submitted to amend the following:	•					
A. If amending name, enter the new name of the lin	nited liability company he	re:				
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Comp	any," the designation "l	LLC" or t	the abb	reviation	
Enter new principal offices address, if applicable:						
<u> Principal office address MUST BE A STREET ADD</u>	RESS)					
						
Enter new mailing address, if applicable:			<u> ≥S</u>	20		
(Mailing address MAY BE A POST OFFICE BOX)			CR			
	<u></u>		ATA	E	to the separate	
	- 		SSX Y	9		
B. If amending the registered agent and/or regis	tered office address on	our records, <u>enter t</u>	he nam	e of t	he new	
registered agent and/or the new registered office add	<u>lress here</u> :		101 71S	S		
Name of New Registered Agent:			, >			
New Registered Office Address:						
	Enter Florida street address					
` <u></u>	, Florida_					
	City	City Zip Co		ode	ode	

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, 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 Name Address MGRM **BIN LIN** 17 West Pine Street ✓ Add ☐ Remove Orlando, FL 32801 TING T CHENG MGRM 100 East Pine Street ☐ Add ▼ Remove Orlando, FL 32801 ☐ Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) June 14 Dated e althorized representative of a member Signature of a Stephen M. Stone, Esquire

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00