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SECRETARY OF STATE

COVER LETTER

TO:	Registration Sect Division of Corpo			
SUBJE	СТ·	CLUB FA	HRENHEIT LLC	
		Name of Limi	ted Liability Company	
			•	
The end	losed Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please r	eturn all correspond	dence concerning this matter	to the following:	
			MICHAEL D GRAY	
			Name of Person	
			Firm/Company	
101			16 ANNISTON COURT	
			Address	
		FORT V	VALTON BEACH FL 3254	8
		City/State and Zip Code		
		YARI E-mail address: (t	DIEGRAY@GMAIL.COM to be used for future annual report notifications.	ication)
For furt	her information con	cerning this matter, please c	all:	
	MICHA	AEL D GRAY	at (_850)	376-2116
	Name of P	erson	Area Code & Daytim	e Telephone Number
Enclose	d is a check for the	following amount:		
\$25 .	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registrati	G ADDRESS: on Section	STREET/COURI Registration Section	n

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

CLUB FAHRI		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document numberL11000017370	were filed on FEBRUARY 10,	2011 and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited liab</u>	ility company here:	
The new name must be distinguishable and end with the words "Limi" L.L.C."	ited Liability Company," the designatio	n "LLC" or the abbreviation
Enter new principal offices address, if applicable:	125 1ST STREET SE	
(Principal office address MUST BE A STREET ADDRESS)	FORT WALTON BEACH I	FL 32548
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX		ACC
THE DOLLAR BEAT TOO OF THE BOIL		AR S
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		er the same of the new
Name of New Registered Agent:		TATE ORIDA
New Registered Office Address:		
	Enter Florida street d	address
	City, Florida	Zip Code
	On y	Lip Coue

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** <u>Title</u> <u>Name</u> **Address MGRM** STRANGE, ATARAH 941 RACETRACK ROAD APT. 503 ☐ Add ∇ Remove FORT WAI TON BEACH FL 32548 ☐ Add Remove ☐ Add ☐ Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) OCTOBER 19 2011 Dated_ Signature of a member or authorized representative of a member MICHAEL D GRAY Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00