

APR. 8, 2011 1:22PM
Division of Corporations

61 655 1109

NO 0256 P. 1
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L110000093106

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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((H11000093106 3)))



H110000931063ABCV

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Ivy Rosenthal
Account Name : BROAD AND CASSEL-WPB
Account Number : I19990000010
Phone : (561) 832-3300
Fax Number : (561) 655-1109

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

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11 APR -8 PM 4:24
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
SCHEAR FLORIDA, LLC

Certificate of Status	0
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11 APR -8 AM 7:55

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Corporate Filing Menu

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HAMPTON

APR 1. 2011

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EXAMINER

4/8/20

APR. 8. 2011 5:23PM 561 655 1109

NO. 6256 P. 2

((H1100009310

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

SCHEAR FLORIDA, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on February 14, 2011 and assigned Florida document number L11000019045.

11 APR -
AM 7:55

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable: _____

(Principal office address MUST BE A STREET ADDRESS) _____

Enter new mailing address, if applicable: _____

(Mailing address MAY BE A POST OFFICE BOX) _____

B. If amending the registered agent and/or registered office address on our records, enter the name of the registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____ *Enter Florida street address*

_____, *Florida* _____
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

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If amending the Managers or Managing Members on our records, enter the title, name, and address of Manager(s) or Managing Member being added or removed from our records:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGRM</u>	<u>Walls, Gregg</u>	<u>281 N.E. 32nd Street</u> <u>Fort Lauderdale, FL 33334</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated April 8, 2011

Signature of a member or authorized representative of a member

William Hickman, Authorized Representative

Typed or printed name of signer

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Filing Fee: \$25.00

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STATE OF FLORIDA
DIVISION OF CORPORATIONS
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