L110000029104

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T. CLINE
JUN 1 3 2011

EXAMINER

COVER LETTER

TO:	Registration Sec Division of Corp			
SUBJE	CT:		rjing, LLC	_
		Name of Limi	ited Liability Company	
The enc	losed Articles of A	mendment and fee(s) are sub	omitted for filing.	
Please re	eturn all correspon	dence concerning this matter	to the following:	
			Kelly M. Straub Name of Person	_
			alm Beach Polo Club Firm/Company	
		1	1198 Polo Club Road Address	
			Wellington, FL 33414 City/State and Zip Code	_
		kstral E-mail address: (ub@palmbeachpolo.com to be used for future annual report notification)	- Pa N
For furth	ner information co	ncerning this matter, please of	call:	2011 JUN 10 SECRETARY
		y M. Straub	at (561) 721-7002	SSE III
	Name of	Person	Area Code & Daytime Telephone Nun	nber CF & TO
Enclose	d is a check for the	e following amount:		ADE 4
I \$25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy Certification (additional copy is enclosed) Certification	Filing Fee, ficate of Status & fied Copy tional 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 OF

Marjing	g, LLC	····		
(Name of the Limited Liability Compa (A Florida Limited)	i <mark>ny as it now appears on our records.</mark> Liability Company))		
The Articles of Organization for this Limited Liability Company	were filed onMarch 9, 20	11 and assigned		
Florida document number <u>L11000029104</u> .				
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the limited lial</u>	oility company here:			
The new name must be distinguishable and end with the words "Lim'L.L.C."	ited Liability Company," the designation	on "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	11864 Pebblewood Drive			
Principal office address MUST BE A STREET ADDRESS)	Wellington, FL 33414	7 SE 28		
		AC R		
		SS		
Enter new mailing address, if applicable:	11864 Pebblewood Drive	SEC O		
Mailing address MAY BE A POST OFFICE BOX)	Wellington, FL 33414	FLORIATE STATE		
		DRA G		
		3		
B. If amending the registered agent and/or registered of		er the name of the nev		
registered agent and/or the new registered office address her	<u>re</u> :			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street	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

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

Title Name

<u>Title</u> <u>Name</u> <u>Address</u>	Type of Action
<u> </u>	Add Remove
	Add Remove
	□ Pamova
	Add Remove
	Add Remoye
	S TAUL Remove
D. If amending any other information, enter change(s) here: (Attach additional sheets, is	f necessary 25 5
D. 1	
Dated	
Kelly M. Straub Signature of a member or authorized representative of a member	r
Kelly M. Straub Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00