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(((H110001173123)))

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255

Fax Number

Phone : (305)634-3694 : (305)633-9696

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

| E1020 1 1 | Address: |  |
|-----------|----------|--|

LC AMND/RESTATE/CORRECT OR M/MG RESIGN

THE GREAT FIVE LLC Certificate of Status Û Certified Copy 1 03 Page Count Estimated Charge \$55.00

C. LEWIS APR 29 2011

**EXAMINER** 

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## A AR

| RTICLES OF AMENDMENT TO   | 01173123  |
|---|-----------|
| TICLES OF ORGANIZATION<br>OF  | ASSES IN  |
| THE GREAT FIVE LLC  |           |
| ited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) | - Coality |

| (Name of the Limited Liability Compan-<br>(A Florida Limited Lie             | y as it now appears<br>shildy Company | )<br>)                     | OR THE                 |
|--|---------------------------------------|----------------------------|------------------------|
| The Articles of Organization for this Limited Liability Company              | were filed on _                       | March 23, 2011             | _ and assigned         |
| Plorida document numberL11000035298  |                                       |                            |                        |
| This amendment is submitted to amend the following:                          | •                                     |                            |                        |
| A. If amending name, enter the new name of the limited liabil                | ity company h                         | ere:                       |                        |
| GREAT FIV  |                                       |                            |                        |
| The new name must be distinguishable and end with the words "Limite "L.L.C." | d Liability Com                       | pany," the designation "LL | C" or the abbreviation |
| 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 here:   |                                       | our records, enter the     | pame of the non        |
| 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:              |                                       |                            |                        |
| hereby accept the appointment as registered agent and 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 affice 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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## H11000117312 3

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 = Ma<br>MGRM = 1 | Inager<br>Managing Member              |  |                                  |
|----------------------|--|--|----------------------------------|
| Title                | <u>Nama</u>                            | Address  | Type of Action                   |
|                      |  |  | Add Remove                       |
|                      |  |  | Add Remove                       |
| <u></u>              |  |  | Add Remove                       |
|                      |  |  | Add<br>Remove                    |
|                      |  |  | Add<br>Remove                    |
|                      | 1111                                   |  | Add<br>Kemove                    |
| D. If amen           | iding any other information, enter cha | nge(s) here: (Attach additional sheets, if necassa                   | 2811 APR 28 SECRETARY FALLAHASSE |
| Dated                | April 28, 2011 Signature of a mem      | ber arfauthorized representative of a member                         | AM 4 26<br>DESTATE<br>E.FLORIDA  |
|                      | GEORGE D. PERLMAN                      | Notationized Representative of a mamber of or printed name of signes | ar                               |
|                      |  | Page 2 of 2  | 01173123                         |

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