L1100036296

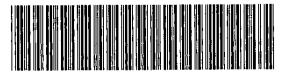
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
. (Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
M				

Office Use Only

B. KOHR

AUG 1 0 2012

EXAMINER



200238288492

08/09/12--01010--015 **25.00

12 AUG -9 PH 1:50

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

TO:	Registration S Division of Co			
SUBJECT: STU			IO 3030 LLC	
			ted Liability Company	
		Amendment and fee(s) are sub		12 Mile-19
			WILLIAM H. SNED III Name of Person	
		SNED REALTY LLC Firm/Company		
3030 S		DIXIE HIGHWAY, SUITAddress	TE 5	
WES1		PALM BEACH, FL 334 City/State and Zip Code	05	
		E-mail address: (HSNED@GMAIL.COM to be used for future annual report	notification)
For fu	orther information	concerning this matter, please of	call:	
WILLIAM H. SNED III Name of Person		at (<u>561</u>) Area Code & Da	346-7480 ytime Telephone Number	
Enclo	sed is a check for	the following amount:		
 \$2	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is encl	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registration S Division of Co Clifton Buildi	orporations ng e Center Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

STUDIO 3030 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 _____ 03/24/2011 L11000036296 Florida document number This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: SNED REALTY LLC 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 new registered agent and/or the new registered office address here: WILLIAM H. SNED III Name of New Registered Agent: 3030 S. DIXIE HIGHWAY, SUITE 5 New Registered Office Address: Enter Florida street address WEST PALM BEACH

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. Thereby confirm that the limited liability company has been notified in writing of this change.

City

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member Type of Action **Title** <u>Name</u> **Address** MGR SNED, TATE J. 3030 S. DIXIE HIGHWAY, SUITE 5 ☐ Add Remove WEST PALM BEACH, EL 33405 SNED, TATE J. MGRM 3030 S. DIXIE HIGHWAY, SUITE 5 ✓ Remove WEST PALM BEACH, FL 33405. MGRM WILLIAM H. SNED III 3030 S. DIXIE HIGHWAY, SUITE 5 ✓ Add WEST PALM BEACH, FL 33405 Remove WILLIAM H. SNED III MGR 3030 S. DIXIE HIGHWAY, SUITE 5 ✓ Add WEST PALM BEACH, FL 33405 Remove □Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) **AUGUST 3** Dated _ Signature of a member or authorized representative of a member WILLIAM H SNED III

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee