Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : I2000000195 Phone : (850)521-1000

Fax Number : (850)558-1515

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

Email Address:_

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN SM TAMPA HOLDING CO., LLC

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MAY 2 6 2011

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SM Tampa Hold	ding Co., LLC			
(<u>Name of the Limited Liability Compan</u> (A Florida Limited L	y as it now appear ability Company)	s on our records.)		
The Articles of Organization for this Limited Liability Company	were filed on	04/29/2011	and assigned	1
Florida document number L11000050690				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabi	lity company her	<u>e</u> :		
	condiment number L11000050690 Endment is submitted to amend the following: Intending name, enter the new name of the limited liability company here: SGH Tampabay Holding Co., LLC Iname must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation with principal offices address, if applicable: All office address MUST BE A STREET ADDRESS) Example 1			
	ed Liability Compa	ny," the designation "	LC" or the abbre	viation
"L.L.C."			201 SE	
Enter new principal offices address, if applicable:			- 52 5	مي دي. د
(Principal office address MUST BE A STREET ADDRESS)			- > - ≺	il
			- SSA - 25	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)		W LEE TO THE TOTAL THE TOT	6	
			3> 4	
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		ur records, <u>enter</u>	the name of th	е пем
Name of New Registered Agent:				
New Registered Office Address:	En	tar Florida street ada	Iraes	
	241		7 444	
····	City	, Florida	Zip Code	
	City		s.p conc	

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

Fax Server

5/25/2011 4:31:35 PM PAGE 3/003 Fax Server

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:

<u>Fitle</u>	<u>Name</u>	Address	Type of Action
			□ n
			
			Add Remove
			Add P Reino
			ARE TABLE MAY 255
			FINAL SE CONTROL OF THE CONTROL OF T
). If amen	ding any other information, enter	change(s) here: (Attach additional sheets, if neces	sary.)
			
_	1		
Pated	May 18 ,	2011 (- OOD	
	William J. Po	nember or authorized representative of a member odolsky, III, Authorized Representative Typed or printed name of signet	

Page 2 of 2

Filing Fee: \$25.00