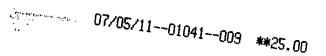
11000064542

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

Office Use Only



600209523906



· 大大大

T. CLINE.
JUL - 6 2011
EXAMINER

2011 JUL -5 PH 12:56
SECRETARY OF STATE
AND LANGUAGE FOR DRIVE

COVER LETTER

| TO: | Registration S Division of Co | | | | | |
|--------------------------|----------------------------------|--|--|---------------------------------------|--|--|
| SUBJE | ECT: | | · | | | |
| 2-0-0 | | Name of Lim | ited Liability Company | | | |
| The en | closed Articles of | Amendment and fee(s) are sul | omitted for filing. | | | |
| Please | return all correspo | ondence concerning this matter | to the following: | | | |
| | Kimberly Rosemurgy | | | | | |
| | | | Name of Person | | | |
| | | F | Rosemurgy Properties | | | |
| Firm/Compan | | | Firm/Company | | | |
| 1201 East Hillsboro Blvd | | | | | | |
| | | | Address | | | |
| | | Dec | erfield Beach, FL 33441 | l | | |
| | | | City/State and Zip Code | | | |
| | | krosemurç | gy@rosemurgypropertie to be used for future annual report | es.com | | |
| | | | | notification) | | |
| For tur | ther information of | concerning this matter, please of | call: | | | |
| | Kimb | erly Rosemurgy | at (_954_) | 571-3402 | | |
| | Name o | of Person | Area Code & D | aytime Telephone Number | | |
| Enclose | ed is a check for t | he following amount: | | | | |
| √] \$25 | .00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | \$55.00 Filing Fee & Certified Copy (additional copy is enc | losed) Certified | e of Status & | distribution of the state of th |
| | Regist Divisio P.O. B | ration Section on of Corporations ox 6327 assee, FL 32314 | Registration S Division of Co Clifton Buildi | orporations ng /e Center Circle | -5 PHIZE 56 ARY OF STATE SSEE, FLORIDA | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| | 33 | 00 Miami SS LLC | | | | |
|--|-------------------------------------|---|-----------------------------|----------------------|-------------------|--|
| (<u>N</u> | ame of the Limited Liab (A Flori | ility Company as it now appea ida Limited Liability Company) | rs on our records.) | | | |
| The Articles of Organization | for this Limited Liabilit | ty Company were filed on | 6/14/2011 | and assigned | | |
| Florida document number | | · · · · · · · · · · · · · · · · · · · | | | | |
| | | | | | | |
| This amendment is submitted | to amend the following | y: | | | | |
| A. If amending name, ente | r the new name of the | limited liability company her | œ: | | | |
| | | | | | | |
| The new name must be distinguable. L.L.C." | uishable and end with the | words "Limited Liability Compa | any," the designation "l | LLC" or the abbrevia | tion | |
| Enter new principal offices | address, if applicable: | | | | | |
| (Principal office address MU | UST BE A STREET AD | | | | _ | |
| | | | | | _ | |
| | | | | 75 26 Z | | |
| Enter new mailing address, | | | | | r ₂₎ , | |
| (Mailing address MAY BE A | <u> POST OFFICE BOX</u> | | | | | |
| | | | | | | |
| | | gistered office address on o | | ादी प्र | | |
| B. If amending the regist registered agent and/or the | tered agent and/or re | gistered office address on o | our records, <u>enter t</u> | the name of the n | <u>iew</u> | |
| registered agent and/or the | new registered office a | uuress nere: | | | , | |
| • | | | | (S) | | |
| Name of New Regis | stered Agent: | | | | _ | |
| New Registered Off | ice Address: | | | | _ | |
| | Enter Florida street address | | | | | |
| | | | , Florida | | _ | |
| | | City | | Zin 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>Address</u> **Type of Action** Gator Nation Investments L **MGRM** 1201 East Hillsboro Blvd Deerfield Beach, FL 33441 Remove Melamite Holdings LLC MGRM 1201 East Hillsboro Blvd √ Add Deerfield Beach, FL 33441 ☐ Remove ☐ Add Remove ☐ Add Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Signature of a member or authorized representative of a member

Kimberly Rosemurgy

Typed or printed name of signee

2011

June 30

Dated ____

Page 2 of 2

Filing Fee: \$25.00