L110000081829

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EXAMINER

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SECRUTARY OF STATE

FILED

COVER LETTER

TO: Registration Division of C				
SUBJECT:	Frijoles! Sui	rf Collaborative LLC	,	
	Name of Lim	ited Liability Company		
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.		
Please return all corres	pondence concerning this matte	r to the following:		
		Patrick T McMahon		
		Name of Person		
	Frioles.	Surf Collabora Firm/Company	tive LLC	
	J	Firm/Company		
	7. 2			
St. Petersburg, Fl 33701				
		City/State and Zip Code		NOV IL PM L AHASSEE, FLO
	E-mail address:	to be used for future annual repo	rt notification)	
For further information	concerning this matter, please	call:		2011 NOV 4 PM 4: 05 SECKETARY OF STATE FALLAHASSEE, FLORID
Pa	trick McMahon	at (_727)_	501-2144	
Name	of Person	Area Code & I	Daytime Telephone Number	
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	closed) Certified	e of Status &
MAI	LING ADDRESS:	STREET/CO	OURIER ADDRESS:	

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Frijole	s! Surf Collaborative Li	<u>.C</u>
(<u>Name of the Limited Li</u> (A Fl	ability Company as it now appea orida Limited Liability Company)	rs on our records.)
The Articles of Organization for this Limited Liab Florida document numberL1100008183		July 15, 2011 and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of th	e limited liability company her	<u>e</u> :
Seac	at Surf Collaborative LLC	
The new name must be distinguishable and end with the "L.L.C."	he words "Limited Liability Compo	ny," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	le:	
(Principal office address MUST BE A STREET)	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enterplace name of the new
Name of New Registered Agent:		S
New Registered Office Address:	En	er 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, <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				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			Add Remove	
			Add Remove	
			Add Remove	
			Add Remove	
	- All and the second se		Add Remove	
			A Adam The Response	
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary		
			<u> </u>	
				
Dated	Petide Me Signature of a member	Solution :		
	PATRICK MCMAI	or printed name of signee		

Page 2 of 2

Filing Fee: \$25.00