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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (650) 617-6383

From:

Account Name : FASTKIT CORP Account Number: 120100000009 Phone : (305)599-0839 Fax Number : (305)392-9591

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

> LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FREETIME MIAMI, LLC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$25.00 |

B. BOSTICK

Electronic Filing Menu Corporate Filing Menu

Help

JUN - 4 2013

EXAMINER

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



FREETIME MIAMI, LLC

company has been notified in writing of this change.

(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 with Florida document number L11000088827 | ere filed on 8/2/2011 | and assigned |
|--|--|------------------------|
| This amendment is submitted to amend the following: | | |
| A. If smending same, enter the new name of the limited liabil | lty company here: | |
| The new name must be distinguishable and end with the words "Limite "L.L.C." | d Lindikty Company," the designation "I | LC or the abbreviation |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRESS) | | |
| | | |
| | | • |
| Enter new mailing address, if applicable: | | Parameter Adams |
| (Malling address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or registered office address here | | the name of the new |
| Name of Now Registered Agent: | | |
| New Registered Office Address: | | |
| The state of the s | Enter Florida street adi | iresa |
| | , Florida | |
| | City | Zip Code |
| New Resistered Agent's Signature, if changing Registered Agent; | | |
| I hereby accept the appointment us registered agent and agre- the provisions of all statutes relative to the proper and compl- accept the obligations of my position as registered agent as p | ete performance of my duties, and Γ | am fomiliar with and |

If Changing Registered Agent, Simulture of New Registered Agent

being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability

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

| Miala. | Nome | A daluman | Type of Action |
|----------------------|---|---|----------------|
| Title MGR | Name MASSIMO CELLINO | Address 2601 S. Bayshore Drive, Ste. 72 | |
| Miles and the second | , <u>, , , , , , , , , , , , , , , , , , </u> | Miami, FL 33133 | Add |
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| famending any other infor | mation, enter change(s) here: (Attach additional sheets, if necessary) |
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| | |
| d May 31st | 2013 |
| | 1 <u></u> |
| L L | nousce Boso |
| | Signature of a member or authorized representative of a member |
| | |
| FRANCESCA | A BOERO |

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Filing Fee: \$25.00

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