

L11000114134

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

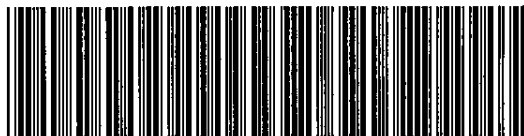
(Business Entity Name)

(Document Number)

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FILED  
12 JAN 23 AM 11:21  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

D. BRUCE

JAN 25 2012

EXAMINER

PAUL &  
ELKIND, P.A.  
ATTORNEYS AT LAW

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\* Board Certified Civil Trial Lawyer  
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January 20, 2012

REPLY TO: Deltona

Department of State  
Division of Corporations  
Corporate Filings  
Post Office Box 6327  
Tallahassee, FL 32314

RE: ROBINSON OUTDOORS OF DELAND, LLC  
Articles of Amendment

FILED  
12 JAN 23 AM 11:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Dear Sir/Madam:

Enclosed for filing, please find Articles of Amendment for Robinson Outdoors of DeLand, LLC, along with a check in the amount of \$25.00. Please return a file stamped copy in the enclosed self-addressed, stamped envelope. Thank you for your assistance in this matter. If you have any questions or need anything further, please do not hesitate to contact our office.

Very truly yours,

Darren J. Elkind

DJE/kk  
Enclosures  
#28239

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

ROBINSON OUTDOORS OF DELAND, 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 October 5, 2011 and assigned Florida document number L11000114134.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

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)

1012 N. Woodland Blvd  
Deland, FL 32720

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1012 N. Woodland Blvd  
Deland, FL 32720

**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:**

Name of New Registered Agent: \_\_\_\_\_

New Registered Office Address: \_\_\_\_\_

Enter 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager  
MGRM = Managing Member

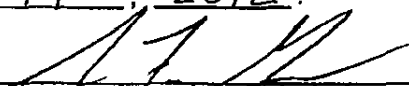
| <u>Title</u> | <u>Name</u>           | <u>Address</u>                            | <u>Type of Action</u>  |
|--------------|-----------------------|---|--|
| MGRM         | AFG ENTERPRISES, INC. | 136 Crystal Oak Drive<br>DeLand, FL 32720 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| MGRM         | ANDREW F. GROSE       | 401 N. Stone Street<br>DeLand, FL 32720   | <input type="checkbox"/> Add<br><input checked="" type="checkbox"/> Remove |
|              |                       |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                       |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                       |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
|              |                       |   | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FILED  
12 JAN 29 AM 11:21  
DEPARTMENT OF STATE  
TALLAHASSEE FLORIDA

Dated January 19, 2012.

  
Signature of a member or authorized representative of a member

**ANDREW F. GROSE**  
Typed or printed name of signee

