

L11000125953

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

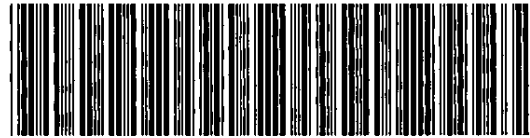
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

B. BOSTICK

AUG 21 2012

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Three Mates, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Adam Schoenbaum

Name of Person

Firm/Company

15375 Roosevelt Blvd, Suite 300

Address

Clearwater, FL 33760

City/State and Zip Code

adamschoenbaum@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Adam Schoenbaum

Name of Person

at (**727**)

458-9374

Area Code & Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
|--|--|--|--|

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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

Three Mates, 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 11/03/2011 and assigned
Florida document number L11000125953

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA

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

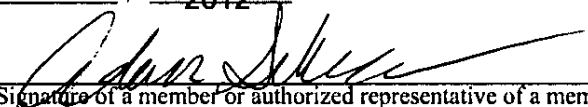
MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|-------------------------|---|--|
| MGRM | Westshore Partners, LLC | 15375 Roosevelt Blvd Suite 300 Clearwater, FL 33760 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| MGRM | Nurad Investments, Inc | 2877 Cobblestone Dr Palm Harbor, FL 34684 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| MGRM | Colby Fox | 15375 Roosevelt Blvd Suite 300 Clearwater, FL 33760 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| MBR | Adam Schoenbaum | 15375 Roosevelt Blvd Suite 300 Clearwater, FL 33760 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| MBR | Jeff Schoenbaum | 15375 Roosevelt Blvd Suite 300 Clearwater, FL 33760 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |

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

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Dated August 15, 2012


 Signature of a member or authorized representative of a member

Adam Schoenbaum
 Typed or printed name of signee