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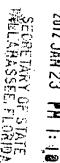
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T. CLINE JAN 2 4 2012 **EXAMINER**

COVER LETTER

TO: Registration Sec Division of Corp					
SUBJECT:	Centre Ca	pital Group, LLC			
	Name of Limit	ted Liability Company			
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.			
Please return all correspon	dence concerning this matter	to the following:			
	L.	Wesley Nichols, Esq.			
		Name of Person			
	L. Wesley Nichols, P.A.				
	11380 Pro	sperity Farms Road, S	uite 204		
	Palm E	Beach Gardens, Fl., 33	410		
		City/State and Zip Code			
	F-mail address: (1	wnpa@bellsouth.net to be used for future annual repor	t notification)	Teal Teal	
For further information co	ncerning this matter, please c	•	·	JAN 23 AHASSEE	
L. We	esley Nichols	at (_561)	691-2020	To I	Party.
Name of	Person	Area Code & D	Daytime Telephone Numbe		Comme
Enclosed is a check for the	e following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is end	closed) Certified	ite of Status &	ed)

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

Centre Capita	I Group, LLC		<u> </u>	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	<u>ny as it now appear</u> Liability Company)	s on our records.)		
·				
The Articles of Organization for this Limited Liability Company	were filed on	12/08/2011	and assigned	
Florida document numberL11000138670				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liab	oility company her	e:		
The first the fi				
The new name must be distinguishable and end with the words "Lim	ited Liability Compa	my," the designation	on "LLC" or the a	abbreviatio
"L.L.C."		,,	A1	
Enter new principal offices address, if applicable:			福料 22	
(Principal office address MUST BE A STREET ADDRESS)	4521 PGA BI	vd. #155	MAN S	*** \$2-L
	Palm Beach	Gardens, Fl., 3	33418	inameni proper
				[7]
Enter new mailing address, if applicable:	4521 PGA BI	vd. #155	F.S.	
(Mailing address MAY BE A POST OFFICE BOX)		Gardens, Fl., 3	33418 —	
TARREST CONTROL DE LA CONTROL			1,1-	
B. If amending the registered agent and/or registered of	ffice address on o	our records, <u>ent</u>	er the name o	f the ne
registered agent and/or the new registered office address her	<u>·e</u> :			
Name of New Registered Agent:				
New Registered Office Address:				
	En	ter Florida street	address	
		, Florida	ı	
	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

√lf amendi or Manag	ng the Managers or Mana ing Member being added o	nging Members on our records, enter the title, name, and a por removed from our records:	ddress of each Manager
MGR = M MGRM =	lanager Managing Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
			Add
			Remove
			Add Remove
			Add Remove
			Remove
			Add Remove
<u>-</u>			Remove
D. If ame	nding any other informatio	on, enter change(s) here: (Attach additional sheets, if necessar	
		ling of the manager's name to Scott Kirtman.	<u></u>
<u>}</u>	lis name is presently lis	sted as Scott Kartman which is incorrect.	
_			
Dated	,		
	Signa	ture of a member or authorized representative of a member	
		L. Wesley Nichols, Esq. Typed or printed name of signee	,
		Typed of printed name of signee	

Page 2 of 2

Filing Fee: \$25.00