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SECRETARY OF STATE ALLAHASSEE, FLORIDA

COVER LETTER

	on of Cor	porations				
SUBJECT:		. FL	GO LLC			
	Name of Limited Liability Company					
The enclosed A	articles of	Amendment and fee(s) are sub	omitted for filin	g.		
		ondence concerning this matter		_		
i ivado i viai ii ai	ii voirespe	manne concerning and matter	to the followin	·S·		•
		ſ	ROBERT A	RAINEK		
	Name of Person					
	FL GO LLC					
	Firm/Company					
		P.O. BOX 511090				
			Addre	ss		
		NE	W BERLIN	•		· · · · · · · · · · · · · · · · · · ·
			City/State and	•		
	2.33	□ E-mail address: (camp5/@y to be used for fut	rahoo'.com urerannual report	notification)	with the second
For further info	ormation c	oncerning this matter, please c	all:		• •	
	رما.	anne Welsch	at (_2	62 .	· 650-1	1880
		of Person	at (<u>2</u>	Area Code & D		
Enclosed is a cl	heck for t	he following amount:				
\$25.00 Filir	ng Fee	\$30.00 Filing Fee & Certificate of Status	Certifie	illing Fee & ed Copy onal copy is end	closed)]\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
•	Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	_ 2	STREET/CO Registration S Division of C Clifton Build 2661 Executi Tallahassee, I	Section orporations ing ve.Center Ci	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FL GO LL					
(<u>Name of the Limited Liability Company as</u> (A Florida Limited Liabil	it now appe ity Company	ars on our records.)		_	
The Articles of Organization for this Limited Liability Company wer	e filed on	MARCH 23, 20	12 and	d assigne	:d
Florida document numberL12000040978					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liability	company h	ere:			
The new name must be distinguishable and end with the words "Limited I "L.L.C."	iability Com	pany," the designation	"LLC" or	the abbre	 viation
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)					
-					
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:	address on	our records, enter	r the nar	ne of th	e new
Name of New Registered Agent:					
New Registered Office Address:			SECI	72 	eria.
	E	Inter Florida street a Florida	daress ASS	N	
Ci	ity	, 1101144	Zip	Code 1	n ,
New Registered Agent's Signature, if changing Registered Agent:			STAT FLORI	<u> </u>	フ
I hereby accept the appointment as registered agent and agree.to	act in this	capacity. I further a	⊟rri ag≯ee to d	onply w	vith

If Changing Registered Agent, Signature of New Registered Agent

the provisions of all statutes relative to the proper and complète 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 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>	Address	Type of Action
MGRM	MARK KASISKE	1600 S. WILDWOOD DR. NEW BERLIN, WI 53151	Add Remove
MGRM	JEANNE M. WELSCH	P.O. BOX 511090 NEW BERLIN, WI 53151	✓ Add ☐ Remove
			Add Remove
D. If amend	ling any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	
 Dated	MAY 15, ₄ 20	012	_
<u></u>	Rent R	r or authorized representative of a member	
		DBERT A. RAINEK I or printed name of signee	
	Typeu	i or printed name or signee	

Page 2 of 2

Filing Fee: \$25.00