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COVER LETTER

TO: Registration Secti Division of Corpo	on rations			
SUBJECT:	STUA Name of Limi	TO BOWL LLC ited Liability Company		
The enclosed Articles of An	nendment and fee(s) are sub	omitted for filing.		
Please return all correspond	ence concerning this matter	to the following:		
	Micy	Name of Person		10 7
		UART BOWL, LLC	ASSECTION STATE	
	241 E	AST PROSPECT ROAS		₩ ()
	Fr. LAU	City/State and Zip Code		
	MILEQ LUTE E-mail address: (CRACORVS. COM to be used for future annual report notificat	ion)	
For further information cond	cerning this matter, please of	eall:		
Name of Pe	RECHTER	at (<u>954</u>) 224 · 4 65 Area Code & Daytime To	55 elephone Number	
Enclosed is a check for the t	following amount:			
\$25.00 Filing Fee [\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is	

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

STUNE	$c_1 - c_2 c_3 c_4 - c_4$	لد .	
(<u>Name of the Limited Liability C</u> (A Florida Lin	Company as it now appears mited Liability Company)	s on our records.	
The Articles of Organization for this Limited Liability Cor Florida document number <u>L1200083289</u>	npany were filed on	<u>6 · 35 · 12</u>	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limite	ed liability company here	:	
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Compar	ny," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applicable:		, pa	~
(Principal office address MUST BE A STREET ADDRE	<u>(SS)</u>		2
		1 1 1 1 1 1 1 1 1 1	<u> </u>
Enter new mailing address, if applicable:			3 [1]
(Mailing address MAY BE A POST OFFICE BOX)		3	5
B. If amending the registered agent and/or registered agent and/or the new registered office addresses		ur records, <u>enter th</u> o	e name of the new
Name of New Registered Agent:			
New Registered Office Address:	Fnt	er Florida street addre	200
	Enter Florida street address		
	City	, Florida	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>	Address	Type of Action
MGR	Mono INL MANAGEMENT, INC	. 1638 SE FEDERAL HWY STUART, FL 34994	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
		A CONTRACTOR AND A CONT	INCOMINATE A !
D. If amendin	g any other information, enter change(s	s) here: (Attach additional sheets, if necessary))	
		7	Address.
			_ _
Dated	9.7 , 2012	(ello	
	MI CHAEL RECE	TIFIC MANACING MEMBER printed name of signee	

Page 2 of 2

Filing Fee: \$25.00