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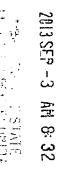
(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL.
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SEP 1 2013

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Greenbover Performance Hi	nses uc
Name of Limited Liab	ollity Company
The enclosed Articles of Amendment and fee(s) are submitted	for filing.
Please return all correspondence concerning this matter to the f	ollowing:
Jaime Genna	ame of Person
Sherry Sport Hu	ISES UC
7667 NW 1374	Address
-	itate and Zip Code DivA Hovses @ Compail Com
Spermy Sherry St E-mail address: (to be use	ova Hurses Ogmail com for future annual report notification)
For further information concerning this matter, please call:	
Vaime Chennan Name of Person	at (614) 509- 6170 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status	55.00 Filing Fee & Scriffied Copy 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 ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liabil (A Florid	ity Company as it now appears on our records.) a Limited Liability Company)
The Articles of Organization for this Limited Liability Florida document number <u>LIAMOØØ 99みしる</u>	Company were filed on <u>AwyuSt 1, 2012</u> and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the li	mited liability company here:
Stryry Sport Hurses LLC The new name must be distinguishable and end with the w "L.L.C."	vords "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	7667 NW 137 M AVE. 3
(Principal office address MUST BE A STREET ADI	DRESS) Moviston, Fl 32468
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	7667 WW 137th Ave 3 3 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac	istered office address on our records, <u>enter the name of the new</u> ddress here:
Name of New Registered Agent:	exander Sherry
New Registered Office Address:	(067 NW 1371M AVE Enter Florida street address
$\underline{\Upsilon}$	Norn Stor , Florida 32468 City Zip Code
New Registered Agent's Signature, if changing Registe	· · · · · · · · · · · · · · · · · · ·

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 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>	Name	Address	Type of Action
			Add
			Remove
			_ L Add
			Remove
			_
			Add
			Remove
			Add
			Remove
		34	Remove
		• • •	्रिक् क्रिक्
		:	Add
		الآري. 	Remove
			Add
			Remove

If ame	nding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	• .
_	
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_	
ed <u>S</u> (pt. 1st, 2013.
	Signature of a member or authorized representative of a member
	Alexander Sherry Typed of printed name of signee
	Page 3 of 3

Filing Fee: \$25.00