P. 01

Page 1 of 1

Division of Corporations **Electronic Filing Cover Sheet**

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000217271 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : UCC FILING & SEARCH SERVICES, INC.

Account Number : I19980000054 : (850)681-6528

Fax Number

: (850)681-6011

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RES S & K SOD CO., LLC

Certificate of Status Certified Copy 0 03 Page Count \$25.00 Estimated Charge

Electronic Filing Menu

Corporate Filing Menu

Help

CCT - 1 2013

T. HAMPTON

UCC SERVICES	Fax:8506816011	Sep 30 2013		02
			SEC	
	ARTICLES OF A	MENDMENT (((T- " "	(i)))
	TO		975 E) <u> </u>
	ARTICLES OF OR	GANIZATION	ეგერ 1955 -	o M
	OF			
S & K SOI	CO., LLC		골스 Om	<u> </u>
<u> </u>	ame of the Limited Liability Company (A Florida Limited Lia	as it now appears on our	records.)	-
	(A Florida Limited Lia	bility Company)		
The Articles of Organization	for this Limited Liability Company w	ere filed on 08/28/20	12 _	nd assigned
Florida document number	12000110002	ore med on	a	ing sasifinen
Florida document number <u>-</u>				
This amendment is submitted	d to amend the following:			
A. If amending name, <u>ente</u>	r the new name of the limited liabili	<u>ty company here</u> :		
The new name must be disting "L.L.C."	uishable and end with the words "Limited	Liability Company," the o	lesignation "LLC" o	or the abbreviation
Enter new principal offices	address, if applicable:			
(Principal office address Mi	UST BE A STREET ADDRESS)			

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:

	,FI	lorida
New Registered Office Address:	Enter Florida :	
Name of New Rogistered Agent:		

New Registered Agent's Signature, if changing Registered Agent:

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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

(((H13000217271 3)))

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

Title	Name	Address	Type of Action
MGRM	DAVID A. SMITH	4100 CANOE CREEK ROAD	Add
	•	SAINT CLOUD, FL 34772	Remove
MGRM	VIANNE K. SMITH	4100 CANOE CREEK ROAD	
		SAINT CLOUD, FL 34772	Remove
		`	
			Remove
		A C C C C C C C C C C C C C C C C C C C	
			Remove
		ORIO A	
			Remove

(((H13000217271 3)))

mending any other information, (enter change(s) here: (Attach additional sheets, if necessary.)
<u>, </u>	
September 30	<u>2013</u>
September 30	. 2013
	Sea member of authorized representative of a member
Wha	Sea member of authorized representative of a member

Filing Fee: \$25.00

2013 SEP 30 PM 8: 54