13000010627

| (Re | questor's Name) | |
|-------------------------|-------------------|-------------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nar | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | s of Status |
| Special Instructions to | Filing Officer. | |
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Office Use Only



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MAY 02 2013. D. BUTLER

COVER LETTER

| TO: Registration Sect Division of Corpo | | | | |
|---|------------------------------|--|--------------------------|---------------|
| SUBJECT: The | 2 Minus 500 Name of Lin | Club LLC | . | ्रेस विकास |
| The enclosed Articles of A Please return all correspond | | · · | | NR 29 IN |
| | John Brune | lle | | H 3: 37 |
| | | Name of Person | | |
| | The Minus | 500 Club, LLC | | |
| | | Firm/Company | | |
| | 13238 SOB | RADO DR | | |
| | | Address | | |
| | ORLANDO, | FL 32837 | , | |
| | | City/State and Zip Code | | |
| | brunellej@autor | | | |
| | E-mail address: | (to be used for future annual report notific | cation) | |
| For further information cor | ncerning this matter, please | call: | | |
| John Brunel | le | 407 ₆₈₁₋₈₉ | 01 | |
| Name of I | Person | Area Code & Daytime | Telephone Number | |
| | | | | |
| Enclosed is a check for the | following amount: | | | |
| □ \$25.00 Filing Fee | ■\$30.00 Filing Fee & | □\$55.00 Filing Fee & | □\$60.00 Filing 1 | Fec, |

Certified Copy

(additional copy is enclosed)

MAILING ADDRESS:

Certificate of Status

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Certificate of Status &

(additional copy is enclosed)

Certified Copy

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| The Minus 500 Club, LLC | | |
|---|---|------------------------------|
| (<u>Name of the Limited Liab</u> (A Flor | ility Company as it now appears on our records.) ida Limited Liability Company) | 5 7 |
| | 0.1/0.0/4.0 | |
| The Articles of Organization for this Limited Liabili | ty Company were filed on 01/22/13 | and assigned |
| Florida document number L13000010627 | | |
| | | ن ن آ ل ن ن |
| | | ္ မ |
| This amendment is submitted to amend the following | g: | - |
| A. If amending name, enter the new name of the | limited liability company here: | |
| | · | |
| The new name must be distinguishable and end with the | words "Limited Liability Company," the designation | "LLC" or the abbreviation |
| "L.L.C." | | |
| Enter new principal offices address, if applicable | : | |
| (Principal office address MUST BE A STREET AL | | |
| Frincipal office dadress MOST BE A STREET AD | DDRESS | <u> </u> |
| | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX | 0 | |
| | | |
| | | |
| | egistered office address on our records, ente | r the name of the new |
| registered agent and/or the new registered office | address here: | |
| | | |
| Name of New Registered Agent: | | |
| N. B 1000 A.U. | | |
| New Registered Office Address: | Enter Florida street o | address |
| | Liner I torida sireer e | WWW VOO |
| | , Florida | |
| | 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

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

| Title | <u>Name</u> | Address | Type of Action |
|-------|------------------|----------------------|----------------|
| MGR | Barbara Brunelle | 8389 47th St, Cir E. | Add |
| | | Palmetto, FL 34221 | Remove |
| | | | |
| | | | Add |
| | | | Remove |
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| | | | Add Removes |
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| | | | Remove |

| lf an | nending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|-------|--|
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| | |
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| | |
| ed _\ | 04/23 2013 |
| | h h |
| | Signature of a member or authorized representative of a member |
| | John Brunelle |
| | Typed or printed name of signee |

Page 3 of 3

Filing Fee: \$25.00

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