L13000035389

| . (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: | |
| į | | |
| | | |
| | | |
| | | |

Office Use Only



400247015714

04/22/13--01014--014 **25.00

FILED

3 APR 22 PN 2:53
ECRETARY OF STATE

C. LEWIS

APR 23 2013

EXAMINER

COVER LETTER

| TO: A Registration Sec Division of Corp | | The second secon | Marie April | |
|---|---|--|---|--|
| SUBJECT: 10 | HQ" T/ [Name of Limit | ed Liability Company | | |
| | | | | |
| The enclosed Articles of A | mendment and fee(s) are sub | mitted for filing. | | |
| Please return all correspon | dence concerning this matter | to the following: | | |
| | Ted I | Dames JR Name of Person | | |
| | | Firm/Company | | |
| | 1810 NW | ath street and | 42 | |
| | It Laude | City/State and Zip Code | · | |
| | <u>Jessicala</u> E-mail address: (to | mes 215 @ 10100. Co be used for future annual report notification | On/ | |
| For further information con | ncerning this matter, please ca | all: | | |
| Ted De Name of I | AMPS SR | at (154) 397 - 50 Area Code & Daytime Tel | cphone Number | |
| Enclosed is a check for the 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 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 TO ARTICLES OF ORGANIZATION OF

FILED

| | O1 | |
|---|---|---|
| (Name of the Limited Lia | bility Company as it now appears on rida Limited Liability Company) | 13 APR 22 PM 2: 53 SECRETARY OF STATE OUR RECOVER AHASSEE, FLORIDA |
| 01 1 A) | rida Emined Elability Company) | 1 |
| The Articles of Organization for this Limited Liabil | ity Company were filed on | and assigned |
| Florida document number <u>U3000 353</u> | 89. | • |
| This amendment is submitted to amend the following | ng: | |
| A. If amending name, enter the new name of the | limited liability company here: | |
| The new name must be distinguishable and end with the "L.L.C." | e words "Limited Liability Company," | the designation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable | | |
| (Principal office address MUST BE A STREET A | DDRESS) | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BO) | <u> </u> | |
| B. If amending the registered agent and/or r registered agent and/or the new registered office | | records, enter the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Futor k | lorida street address |
| | Emer Fioriau sireei aaaress | |
| _ | | , 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 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 - Man $MGRM = M$ | ager anaging Member | FILED | |
|----------------------|------------------------|---|----------------|
| <u>Title</u> | <u>Name</u> | Address 13 APR 22 PN 2:53 | Type of Action |
| MGR | Ted Dames JR | SECRETARY OF STATE 1810 JALLAHASSEE, FLORIDA DE + | Add |
| | | suite#2 | Remove |
| | | Suite # 2 Pt. lauderdale Pt. 3331 | <u>\</u> |
| | | | |
| | | | Remove |
| | | | |
| | | | Add |
| | | | _ Remove |
| | | | Remove |
| | | | - |
| | | | _ L Add |
| | | | Remove |
| | | | - |
| | | · · · · · · · · · · · · · · · · · · · | Add |
| | | | Remove |
| | | | - |
| | | | _ [] Add |
| | | | Remove |
| | | | |

| D. If amending any other information, enter change(s) here: (Attach additional sheets, | if necessary.) |
|--|---|
| | FILED |
| | 13 APR 22 PM 2: 53 |
| | SECRETARY OF STATE TALLAHASSEE, FLORIDA |
| -tt | |
| Dated 4 17 1 3 | • |
| Signature of a member or authorized representative of a memb | er |
| Typed or printed name of signee | |
| Page 3 of 3 | |

Filing Fee: \$25.00