#1 13000035555

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K. SALY EXAMINER

MAR 2 2 2013

COVER LETTER

TO:

Registration Section
Division of Corporations

SUBJECT

CRICKET ALTERNATIVE ASSETS, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LARRY R. JONES

Name of Person

LAW OFFICES OF LARRY R. JONES

Firm/Company

1048 W. 25TH STREET

Address

HOUSTON, TEXAS 77008

City/State and Zip Code

ljones@larryjoneslaw.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LARRY R. JONES

713 256-011

Name of Person

Area Code & Daytime Telephone 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)

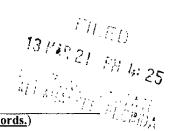
MAILING ADDRESS:

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



CRICKET ALTERNATIVE ASSETS, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Lial	bility Company were filed on MAR(CH 7, 2013 and assigned
Florida document number L13000035555		
This amendment is submitted to amend the follow	ving:	
A. If amending name, enter the new name of t	he limited liability company here:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applical	ble:	
(Principal office address MUST BE A STREET	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B		
D If amounting the productional agent and/ore	a manistanced office address on annu	necessary and an other many of the many
B. If amending the registered agent and/or registered agent and/or the new registered offi		records, enter the name of the new
Name of New Registered Agent:		1
New Registered Office Address:		
	Enter 1	Florida street address
		, 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, 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
MGRM	LARRY LEBARRE	7518 MIDDLEWOOD	Add
		HOUSTON, TEXAS 77063	Remove
MGRM	LEBARRE FAMILY LLC	7518 MIDDLEWOOD HOUSTON, TEXAS 77063	Add
			Remove
			Remove
			Add Remove
			Add
			Add
			Add Remove

Signature of a member of a uthorized representative of a member LARRY R. JØNES	. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
Signature of a member or authorized representative of a member	-	
Signature of a member or authorized representative of a member	•	
Signature of a member or authorized representative of a member		
Signature of a member or authorized representative of a member		
Signature of a member or authorized representative of a member		
Signature of a member or authorized representative of a member		
Signature of a member or authorized representative of a member	$_{\rm ated}$ N	1ARCH 202013
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Typed or printed name of signee		

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Filing Fee: \$25.00