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COVER LETTER

Division of Cor	porations			
SUBJECT: 3		NATIONAL LLC		
	Name of Limit	ed Liability Company		
The enclosed Articles of A	Amendment and fec(s) are sub	mitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
		Name of Person	<u>4 u</u>	
	36Lopas	Intornal LLC Firm/Company		
	13781 MR	Address	203	
	MIRAMAR,	Floriba 33027 City/State and Zip Code		
	E-mail address: (1	351 ores . Com o be used for future annual report notification		<u>ت</u> تاریخ
For further information co	oncerning this matter, please ca	ali:	210年	0 7 7 7
Name of	Ruz Person	at (<u>454)</u> 3 41 - 813 Area Code & Daytime Tele	phone Number	3 3 3
Enclosed is a check for th	e following amount:		A	
□ \$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 e	

MAILING ADDRESS:

TO:

Registration Section

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

5 SLOPES INTERNATION	
(<u>Name of the Limited Liability Compan</u> (A Florida Limited Li	y as it now appears on our records.) lability Company)
The Articles of Organization for this Limited Liability Company Florida document number	were filed on $\frac{7/33}{3\sqrt{3}}$ and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
35 Cos TN terror town LLC comments The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	12781 MIRAMAR PARMORX # 203
(Principal office address MUST BE A STREET ADDRESS)	MRAMAR FLOREDA 33027
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	12781 MERAMAR PARTURY 4208 MERAMAR, FLOREDA 33007
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	
Name of New Registered Agent:	The state of the s
New Registered Office Address:	Enter Florida street address
	, Florida Dr. 6
	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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Man	ager	
MGRM = Ma	anaging	Member

<u>Title</u>	Name	Address	Type of Action
			Add
			Remove
			<u> </u>
			Add
			Remove
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	···		Add
			Remove
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·····			Add
			Remove
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			Add
			Remove
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			_ Remove

If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)			
	•		
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l			
	Signature of a member or authorized representative of a member		
	Typed or printed name of signee		

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Filing Fee: \$25.00

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