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(((H14000163258 3)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Phone : (561)694-8107

: (561)694-1639 Fax Number

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

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	AUULUSS:				 	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN TURTLETOP INVESTMENTS US LLC

0 Certificate of Status Certified Copy 0 Page Count 04 \$25.00 Estimated Charge

UL O 9 2014 J. HARRIE

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TURTLETUP INVESTMENTS	· · · · · · · · · · · · · · · · · · ·			
(Name of the Limited Liabili (A Florid:	ty Company as it now appears on o a Limited Liability Company)	ur records.)		
The Articles of Organization for this Limited Liability C Florida document number <u>L14000101522</u>	Company were filed on 06/24	/2014	_ and assigne	×d
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lim	ited liability company here:			
The new name must be distinguishable and end with the words "Li	mited Liability Company," the design	ation "LLC" or the abbi	eviation "L.L.C	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADD)	RESS)			
				9
			ي	TOUS!
Enter new mailing address, if applicable:				<u> </u>
(Mailing address MAY BE A POST OFFICE BOX)			<u> </u>	- 12 - , 7
			22	<u> </u>
			Ö	75
B. If amending the registered agent and/or registered agent and/or the new registered office add		records, enter th	e name afil	<u>he≅ne</u>
Name of New Registered Agent:				
New Registered Office Address:	Enter Florida st	reel 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 605, 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

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If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M $AMBR = A$	lanager authorized Member		
Title	Name	Address	Type of Action
MGR	Scott Hartzell	600 Brickell Avenue, Suite 155	50 ■ Add
		Miami, FL 33131	Remove
MGR	Steve Parr	505 South Perkins Road, #10	
	,	Memphis, TN 38117	□ Remove
			Add
			SECRE IAR DIVISION OF C
			AM 10: 50 Add 50
			Add□ Remove

If amending any other information, enter change(s) here: 🕢	Attach additional sheets, if necessary.)
Effective date, if other than the date of filing: The effective date must be specific, cannot be prior to date of receipt or filed d the date this document is filed by the Florida Department of State)	(optional) late and cannot be more than 90 days after
Dated July 8th 2014	
Kathleen &	d wave contribute of a prompter
Kathleen A. Lange, Attorney	-in-Fact

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Filing Fee: \$25.00

DIVISION OF COMMENTALISM