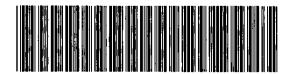
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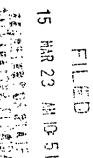
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M. MILLIGAN EXAMINER

APR 14 2015

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## **COVER LETTER**

Division of Cor	porations		
South St	. Pete II, LLC		
	Name of Limit	ted Liability Company	
The enclosed Articles of	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	Jonathan D Field		•
	<del></del>	Name of Person	
	South St. Pete II, LL	С	
		Firm/Company	
	13902 N. Dale Mabr	y Hwy, Suite 220	
		Address	<del></del>
	Tampa, FL 33618	,	
		City/State and Zip Code	······································
	jdfield@emerge180.c		
		o be used for future annual report notifica	tion)
For further information co	oncerning this matter, please ca	ıll:	
Jonathan Field		813 341-0507	
Name o	f Person	Area Code Daytime To	elephone Number
Enclosed is a check for the	ne 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:

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 10 S

South St. Pete II, 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 Liabilit Florida document number L15000017776	y Company were filed on January 29, 2015	and assigned
This amendment is submitted to amend the following	i:	
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 a	bbreviation "L.L.C."
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DDRESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office a	egistered office address on our records, <u>enter</u> address here:	the name of the ne
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	•
	, Florida	
<del></del>	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

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

MGR = Manager

<u>Title</u>	<u>Name</u>	Address	Type of Action
MBR	Matrixx, LLC	247 Shrewsbury Avenue	□ Add
		Red Bank, NJ 07701	■ Remove
MBR Thomas Collard	3 Shrewsbury Drive		
		Rumson, NJ 07760	Remove
MGR	Lori Klarich	72 Glenwood Road	<b>A</b> dd
		Colts Neck, NJ 07722	Remove
MBR Collard Florida I, LLC	P.O. Box 3187	Add	
		Rumson, NJ 07760	Remove
			Add Remove
			☐ Remove

If amending any other information, enter change(s) here: (Attack	n additional sheets, if necessary.)
Effective date, if other than the date of filing:	(optional)
The effective date must be specific, cannot be prior to date of receipt or filed date and the date this document is filed by the Florida Department of State)	d cannot be more than 90 days after
Dated March 18 2015	
Dated,	
foratt of J	Till .
Signature of a member or authorized repre	
	sentative of a member
Jonathan D	sentative of a member Field

Page 3 of 3

Filing Fee: \$25.00

