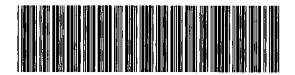
LOS 0000 1644

(Re	questor's Name)	
(Ad	dress)	<u>.</u>
(Ad	dress)	
(Cit	y/State/Zip/Phone	; #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

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2014 SSP -8 RM PE: 18
SEGRETARY OF STATE

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COVER LETTER

	ation Section of Corpor		,#*			
SUBJECT:	1 More	Name, LLC		 		
		Name of Lim	ited Liability Company			
The enclosed Arti	icles of Am	endment and fee(s) are sub	mitted for filing.			
Please return all c	corresponde	nce concerning this matter	to the following:			
		Argam Poghosian				
			Name of Person			
		1 More Name, LLC				
			Firm/Company			
		3525 W Lake Mary F	·		ZOIN SEP	mitte.
			Address		至	ور در ور
		Lake Mary, FL 32746			: 왕조 : 	2.5
		· · · · · · · · · · · · · · · · · · ·	City/State and Zip Code		OF STATE	K.
	_	argam@mpisoft.con				
For further inform	nation conc	erning this matter, please of	to be used for future annual report notif	acation)	(C)	
Argam Pogh			at (<u>407</u>) 900-234			
	Name of Pe	rson	Area Code Daytime	Telephone Number		
Enclosed is a chec	ck for the fo	ollowing amount:				
園 \$25.00 Filing	Fee [3 \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &	
	MAILING	ADDRESS:	STREET/COURI	ER ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

1 More Name, LLC			
(<u>Name of the Limited Liability Com</u> (A Florida Limited	pany as it now appear d Liability Company)	s on our records.)	
The Articles of Organization for this Limited Liability Compan	ny were filed on	8/3/2005	and assigned
Florida document number <u>L05000076414</u>			
his amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lia	bility company he	<u>re</u> :	
NamePal.com, LLC			
he new name must be distinguishable and end with the words "Limited Li	ability Company," the c	lesignation "LLC" or t	<i>></i>
Enter new principal offices address, if applicable:			7 5 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Principal office address MUST BE A STREET ADDRESS)			
		,	92 00 1
nter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			Su 👁
s. If amending the registered agent and/or registered egistered agent and/or the new registered office address he		our records, ent	er the name of the
egistereu agent and/or the new registereu office audress ne	<u>:re</u> :		
Name of New Registered Agent:			
New Registered Office Address:	Enton Flori	da street address	
	Emer r tori	ua su cei adaress	
	City	, Florida	Zip Code
	Cuy		гір Сойе

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

AMBK = A	uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			□ Add
			☐ Remove
			· · · · · · · · · · · · · · · · · · ·
			□ Add
			Remove SECHETALE ARR
			SECHETARIA ART
			□ Add
			□ Remove
			□ Remove
			☐ Remove

Önly	the name is being changed. No other changes are being made.
	·
ffective dat	e, if other than the date of filing: (optional)
	e, if other than the date of filing: (optional) e must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after cument is filed by the Florida Department of State)
he date this do	rument is filed by the Florida Department of State)
the date this do	September 4 2014
the date this do	September 4 2014
the date this do	September 4 , 2014
the date this do	September 4 2014

SECRETARY OF STATE

Page 3 of 3

Filing Fee: \$25.00