L09000004265

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EXAMPLE

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT:	MISFIT EN	TERPRISES, LLC	<u></u>				
Name of Limited Liability Company							
The enclosed Articles of A	mendment and fee(s) are sub	mitted for filing.					
Please return all correspon	dence concerning this matter	to the following:					
	ERIC TRUGLAS						
		Name of Person					
	MISF	IT ENTERPRISES, LLC					
		Firm/Company					
		123 ALAMEDA AVE					
		Address					
FORT MYERS, FL 33905 City/State and Zip Code							
	FT	RUGLAS@AOL COM					
	E-mail address: (to	RUGLAS@AOL.COM o be used for future annual report noti	fication)				
For further information con	nceming this matter, please ca	all:					
ERIC TRUGLAS Name of Person		at (<u>239</u>) Area Code & Davtir	233-4294 ne 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 enclose	\$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

SECRETARY OF STATE DIVISION OF CORPORATIONS

MISFIT	ENTERPRISES, LL	C 11 JU	13 PH 12: 33
(A Florid	lity Company as it now appea da Limited Liability Company)	is on our records.	
The Articles of Organization for this Limited Liability	Company were filed on	01/14/2009	and assigned
Florida document number L0900004265	·		
This amendment is submitted to amend the following:	:		
A. If amending name, enter the new name of the li	mited liability company he	<u>re</u> :	
The new name must be distinguishable and end with the v 'L.L.C."	vords "Limited Liability Comp	any," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:			
Principal office address MUST BE A STREET ADD	DRESS)		
			
Enter new mailing address, if applicable:			·
Mailing address MAY BE A POST OFFICE BOX)			<u> </u>
		·-·-	
B. If amending the registered agent and/or reg	istered office address on o	our records, enter	the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	En	ter Florida street add	dress
<u> </u>		, 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>	<u>Name</u>		Address	<u>Typ</u>	e of Action
<u>MGRM</u>	TRUGLAS.	TOMASINA	123 ALAMEDA AVE FORT MYERS, FL 33905	A ✓ R	add emove
				A R	dd emove
				A R	dd emove
					dd emove
				Ac Re	dd emove
				Ad Rd 	ld emove
D. If amend	ding any other inf	ormation, enter change	e(s) here: (Attach additional sheets, if necessary.)	_	ي
	7-8	201		11 JUL 13 PH 12: 33	SECRETARY OF STATE SIVISION OF CORPORATIONS
Dated		, 201		•	SNC
		Signature of a member of	or authorized representative of a member		
		EF Typed o	RIC TRUGLAS or printed name of signce		

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Filing Fee: \$25.00