L10000026495

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T. HAMPTON

COVER LETTER

Division of Corporations
SUBJECT: Sinnett Solutions LLC
Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Kevin Sinnett
Name of Person
Sinnett Solutions LLC
Firm/Company
421 Heatherton Ct.
Address
DeBary, FL 32713
City/State and Zip Code
kevins@idcwi.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kevin Sinnett

262,441-3302

Name of Person

Area Code & Daytime 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 enclosed)

□\$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

Sinnett Solutions LLC			
(Name of the Limited (A	<mark>Liability Company</mark> Florida Limited Lia	as it now appears on our records.) bility Company)	
The Articles of Organization for this Limited Lia Florida document number L10000026495	ability Company v	vere filed on March 09, 2010	and assigned
This amendment is submitted to amend the follo	wing:		16 - 1 - 3 - 1 - 3 - 1 - 3 - 1 - 3 - 1 - 3 - 1 - 3 - 1 - 3 - 3
A. If amending name, enter the new name of	the limited liabil	ity company here:	
Get Loaded LLC			7. Jan
The new name must be distinguishable and end with "L.L.C."	the words "Limite	d Liability Company," the designation '	'LLC" or the abbreviation
Enter new principal offices address, if applica	ible:	1104 Shadick Dr.	
(Principal office address MUST BE A STREET	T ADDRESS)	Orange City, FL 32763	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE I	<u>80X)</u>		
B. If amending the registered agent and/or registered agent and/or the new registered of			the name of the new
Name of New Registered Agent:	Kevin Sinne	tt	
New Registered Office Address:	1104 Shadio	k Dr.	
		Enter Florida street ac	ldress
	Orange City	FI 41. 3	32763

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

Zip Code

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

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Kevin Sinnett	421 Heatherton Ct.	✓ Add
		DeBary, FL 32713	Remove
MGRM	John Fletcher	217 Cedarwood Ct.	✓Add
•		DeBary, FL 32713	Remove
·			Add
			Remove 3 JAN 16 P
	<u> </u>		Add 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3
			Add
			Remove
			Add
			Remove

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[-14-2013]	
Ama	Daniel
Kevin B. Sinnett	Fa member or authorized representative of a member
Reviii B. Siiiilett	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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