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EXAMINER

COVER LETTER

TO: Registration Se Division of Col		•	¢.		
SUBJECT: 5	PRAWL INI	K, LLC			
	Name of Limi	ted Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ondence concerning this matter	to the following:			
	Glendy	Rocha Name of Person			
	SPRAWL	Rocha Name of Person INK, LLC Firm/Company			
	_		TALLAH	11 SEP	rn#5# } `
•	Hialea	Address Address A F L 33014 City/State and Zip Code	CKETARY OF STAIL	13 FM 3: 2	
	GUSTOCES (1	o be used for future annual report notificati	LORIDA LORIDA	3: 27	e water and
For further information c	concerning this matter, please c	all:			
Glendy Name o	Rocha	at (786) 925 – Area Code & Daytime Te	9014 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 Fiting Fed Certificate of St Certified Copy (additional copy	tatus &	osed)

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

STRAWL IT			
(<u>Name of the Limited</u>) (A	<mark>Liability Company as it now appears</mark> Florida Limited Liability Company)	s on our records.)	
The Articles of Organization for this Limited Lia Florida document number	ability Company were filed on _ O .	3/10/2010	and assigned
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability company here	<u>:</u>	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Compar	ny," the designation "LLC	or the abbreviation
Enter new principal offices address, if applica	ble:		<u> </u>
(Principal office address MUST BE A STREET ADDRESS)		AF.	
		SSE C	₩ [T]
Enter new mailing address, if applicable:		E. FLORID	<u>₩</u> []
(Mailing address MAY BE A POST OFFICE B	<u></u>	ATE DA	7
B. If amending the registered agent and/o registered agent and/or the new registered off Name of New Registered Agent:	ice address here:		
New Registered Office Address:	7861 WEST BAVE		
	Glendy Roc 7861 West Bave Enter Hialaan	er r torida street address Florida	3014 Tip 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

Page 1 of 2

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	Type of Action
YGRM	SarahM. Cariello	9020SW 9 TERRA MIAMI FL 33174	Add Remove
			Add Remove
			☐ Add·☐ Remove
			Add Remove
			Add Remove
D. If amendi	ing any other information, enter change	e(s) here: (Attach additional sheets, if necessar	v.)
		A HAN SEE	II SEP 13 PA
		FLORIDA	C /Th total Processing to
Dated	A Day) . Egts	_
-	Glendy Rochi	or authorized representative of a member Savoh Can'e or printed name of signee	No

Page 2 of 2

Filing Fee: \$25.00