L11000050781

(Requestor's Name)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
L11-50787	
(Document Number)	
Certified Copies Certificates of Status	
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Special Instructions to Filing Officer:	
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SECRETARY OF STATE

N. Cullingan SEP 2 - 2001



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 30, 2011

DARRYL MOMENT 4704 E. CITRUS CIRCLE #A TAMPA, FL 33617

SUBJECT: GET'ER DONE INVESTMENTS "L.L.C

Ref. Number: L11000050787

We have received your document for GET'ER DONE INVESTMENTS "L.L.C and your check(s) totaling \$60.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Regulatory Specialist II

Letter Number: 411A00020215

COVER LETTER

TO:

Registration Section

Division of Co	orporations			
SUBJECT:	Get'er Don	e Investments LLC		
	Name of Lim	ited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sul	omitted for filing.		
Please return all corresp	oondence concerning this matter	r to the following:		
		Darryl Moment Name of Person		
		Name of Ferson		
	Get'e	er Done Investments LLC	n 0 10	
		Firm/Company		
	47	4704 E. Citrus Circle #A		
	.	Address		
		Tampa,FL 33617		
		City/State and Zip Code		
	Dar	yl.moment@yahoo.com		
Facebook and the control	•	to be used for future annual report notif	icauon)	
For turiner information	concerning this matter, please of	can:		
	arryl Moment	at (813)	447-7035	
Name of Person		Area Code & Daytim	e 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/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Co Tallahassee, FL 32	on rations enter Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

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SEC	RETADU	•	PA	1:02

Get'er D	one Investments LL(C TALLAHACO	Y OF STATE
(<u>Name of the Limited Liabil</u> (A Florid	ity Company as it now appear a Limited Liability Company)	s on our records.	EE, FLORIDA
The Articles of Organization for this Limited Liability	Company were filed on	04/28/2011	and assigned
Florida document number L11000050787	<u> </u>		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the li	mited liability company her	<u>e</u> :	•
The new name must be distinguishable and end with the w "L.L.C."	vords "Limited Liability Compa	ny," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADI	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 registered agent and/or the new registered office ad		our records, <u>enter t</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:		. Florida de la la	1
	Enl	ter Florida street add	iress
	City	, Florida	Zin 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

et Done Fax: +1 (800) 516-5908 or Managing Member being added or removed from	EFax: (+1 (850) 245-6030	Page 2 401 (3 29/2/2011) 12:31 ach Manager
MGR = Manager MGRM = Managing Member		
MG KW = Managing Member		
<u>Title</u> <u>Name</u>	Address	Type of Action
MGRM Tony Wingfield	4704 Citrus Circle #A	□ Add
	Tampa,FL33617	Add ✓ Rémove
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e patriological and the property of the second		
MGRM Leocardio Martinez	11123 Normandy place #	2 Add
to the former transfer of the style of his best	Tampa Fl 33617	Remove
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D. If amending any other information, enter change	s) here: (Attach additional sheet	e if noraccomi)
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Dated 08/25/ 201		
Dated	The second second	5 7 8
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Signature of a member of	authorized representative of a men	nber State S
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The state of the s	ing Fee: \$25.00	
રાસ્ત્રિમાં અને રોઇપ્યુસ્તિ કાર્યા હતાનું છે. કેન્દ્રમાં નેપી		

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TOTAL SERVICE AND ALCOHOLOGY

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