

L12000043417

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

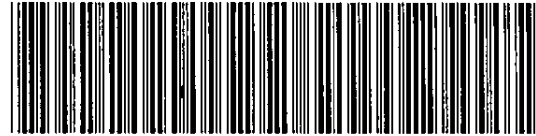
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



100252713791

10/11/13--01013--009 \*\*25.00

2013 DEC 10 PM 1:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

DEC 11 2013

D. BRUCE

ATTORNEY  
DAVID H. SALMON ESQ.  
OF COUNSEL  
JOHN W. SALMON ESQ., P.A.

**SALMON LEGAL GROUP**  
ATTORNEYS AT LAW

1395 BRICKELL AVE., STE 800  
MIAMI, FLORIDA 33131  
Phone: (786) 508-2020  
Fax: (786) 209-3030  
www.salmonlegal.com

December 4, 2013

**VIA US MAIL**

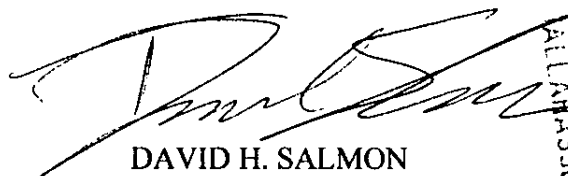
REGISTRATION SECTION  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALAHASSEE, FL 32314

**RE: Our Clients : Sarah Michelle Rupert, LLC**  
**Document # :**

To Whom It May Concern:

Please find the enclosed Amendment to the Articles of Organizations for the above reference entity. The entity's managing member, Sarah Michelle Rupert, has executed this Amendment. The fee associated with filing this Amendment has already been tendered to, and cashed by you office. The check number was #0993 and was cashed on 10/15/2013.

Very truly yours,

  
DAVID H. SALMON

Encls.

FILED  
2013 DEC 10 PM 1:49  
CLERK OF STATE  
TALAHASSEE FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SARAH MICHELLE RUPERT, LLC**

**SUBJECT:** \_\_\_\_\_  
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:

**DAVID H. SALMON**

\_\_\_\_\_  
Name of Person

**SALMON LEGAL GROUP, P.L.**

\_\_\_\_\_  
Firm/Company

**1395 BRICKELL AVE., SUITE 800**

\_\_\_\_\_  
Address

**MIAMI, FL 33131**

\_\_\_\_\_  
City/State and Zip Code

**DAVID@SALMONLEGAL.COM**

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**DAVID H. SALMON**

**786 508-2020**

at ( )

\_\_\_\_\_  
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

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

2013 DEC 10 PM 1:49

**FILED**

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**SARAH MICHELLE RUPERT, LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 3/29/2012 and assigned  
Florida document number L12000043417

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

**(Principal office address MUST BE A STREET ADDRESS)**

800 NE 36TH STREET, APT: 2002

MIAMI, FL 33137

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

800 NE 36TH STREET, APT: 2002

MIAMI, FL 33137

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

SALMON LEGAL GROUP, P.L.

New Registered Office Address:

1395 BRICKELL AVE., SUITE 800

*Enter Florida street address*

MIAMI

*City*

Florida

33131

*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.*

*[Signature]*  
If Changing Registered Agent, Signature of New Registered Agent

2012 DEC 10 PM 1:4  
SECRETARY OF STATE  
TALLAHASSEE  
FLORIDA

FILED

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>	<u>Address</u>	<u>Type of Action</u>
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	
_____	_____	_____	<input type="checkbox"/> Add
		_____	<input type="checkbox"/> Remove
		_____	

FILED  
 2018 DEC 10 PM 1:49  
 CLERK OF STATE  
 TALLAHASSEE FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

---

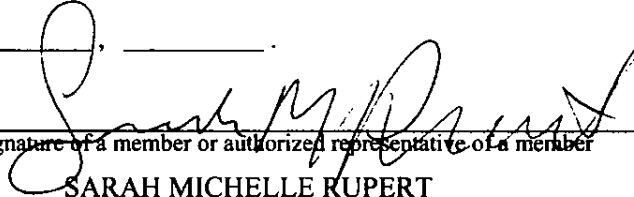
---

---

---

---

Dated \_\_\_\_\_



12/3/13

Signature of a member or authorized representative of a member

SARAH MICHELLE RUPERT

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

**FILED**  
2013 DEC 10 PM 1:49  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA