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SECRETARIAT OF STATE
TALLAHASSEE, FLORIDA

2012 NOV 16 AM 9:00

FILED

J. SAULSDERRY
EXAMINER
NOV 19 2012

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Mutual Interest 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:

David C. Hibler
Name of Person

Mutual Interest LLC
Firm/Company

1120 E Twiggs Street Suite 554
Address

Tampa, FL 33602
City/State and Zip Code

dave.hibler@mutualinterest.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tyler Galganski at (262) 271-0809
Name of Person Area Code & Daytime Telephone Number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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

Mutual Interest 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 10/12/2012 and assigned Florida document number LI2000130195.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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2012 NOV 16 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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: _____

New Registered Office Address: _____

Enter Florida street address

_____, 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>	<u>Address</u>	<u>Type of Action</u>
MGR	David C. Hibler	1120 E. Twiggs Suite 554 Tampa, FL 33602	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Tyler J. Galganski	1120 E. Twiggs Suite 554 Tampa, FL 33602	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Jordan Ward	332 Dodie Dr. Waukesha, WI 53189	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Mike Peterson	1136 Michigan Ave Ann Arbor, MI 48104	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

Our purpose is to change the title of David to MGR, while making the other 3 members MGRM.

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
 2012 NOV 16 AM 9:00

FILED

Dated Nov. 14 . 2012 .

David C. Hibler
Signature of a member or authorized representative of a member

David C. Hibler
Typed or printed name of signee