

L13000049786

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

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APR 25 2013

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13 APR 23 PM 3:01  
SALVADORI & ASSOCIATES  
FALLS CHURCH, VA 22034

To Whom it May Concern:

Please Process this Amendment  
If you need to speak to me  
I can be reached 727 504 9120  
Return Address

P.O. Box 59092  
Redington Beach, FL 33708

Thank You

Bob Bates,  
~~Bob Bates~~

ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF

Smart GPS Back Pack 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 4-4-2013 and assigned  
Florida document number L13000049786

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)

10681 Gulf Blvd #204  
Treasure Island FL  
33706

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

~~10681 Gulf Blvd #204~~  
P.O. Box 59072  
Redington Bch, FL 33708

**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

Title	Name	Address	Type of Action
MGRM	Elaine Outar	9998 54th N. SAINT Pete FL 33708	<input type="checkbox"/> Add
			<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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13 APR 23 PM 3:01  
 STATE OF FLORIDA  
 DEPARTMENT OF REVENUE  
 TALLAHASSEE, FL 32310

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

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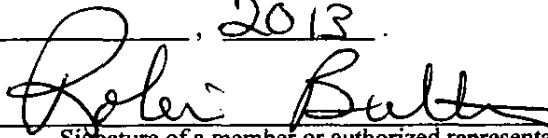
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Dated 4-17, 2013.



Signature of a member or authorized representative of a member

Robin Button

Typed or printed name of signee

**Page 3 of 3**

**Filing Fee: \$25.00**