

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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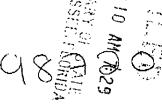
Account Name : CORP USA Account Number: 072450003255 Phone : (305) 634-3694 Fax Number : (305)633-9696

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ELC AMND/RESTATE/CORRECT OR M/MG RESIGN SECRETS DEVELOPMENT GROUP LLC

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AUG 11 2015

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Electronic Filing Menu

Corporate Filing Menu

Help

#120001119869

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

SECRETS DEVELOPMENT GI	alfed Liability Company as it now appears (A Florida Limited Liability Company)	an our records.)
The Articles of Organization for this Limited Liability Company were filed on JUNE 3 Florida document number L15000097389		
This amendment is submitted to amend the fo	llowing:	
A. If amending name, enter the new name	of the limited liability company her	<u>e</u> ;
		>
The new name must be distinguishable and contain the	words "Limited Liability Company," the des	ignation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if appl	icable;	<u> </u>
(Principal office address MUST BE A STRE	ET ADDRESS)	Size O Pro-
		<u> </u>
Enter new mailing address, if applicable:	·	2 S
Mailing address MAY BE A POST OFFIC	BOX)	*
8. If amending the registered agent an registered agent and/or the new registered		our records, <u>enter the hampe of the R</u>
Name of New Registered Agent:	CARMEN M FIGUEROA	
New Registered Office Address:	12845 GARNET CT	
	Enter Florida	2 street address
	CLERMONT	, Piorida 34711
	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 605, 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 3

If amending Authorized Person(s) authorized to manage, enter the title, name, and address at each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	JAMES CALLAHAN	12845 GARNET CT	
		CLERMONT, FL 34711	Remove
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CORP USA

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flective date, if other than the date of fill an effective date is listed, the date must be specific a ote: If the date inserted in this block does not becoment's effective date on the Department of a record specifies a delayed effective. The 90th day after the record is filed.	ad compos be prior to date of meet the applicable state State's records. date, but not an eff		filing.) Pursuant to 605.0 date will not be listed	
ated AUGUST 10TH	2015			
Como Figures 6	4			
Signature of	member or authorized repi	esontative of a member		

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Filing Fee: \$25.00

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