Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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Division of Corporations

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From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.

Account Number : 110432003053 : (561)694-8107

Fax Number : (561)694-1639

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

MY TREASURE LLC

Certificate of Status	0
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Page Count	04
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1 of 2

7'IR 1 9 2015

T. HAMPTON

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

My Treasure LLC			
(Name of the Limited L (A F	iability Company sa it now appear lorida Limited Liability Company)	on our records.)	
The Articles of Organization for this Limited Liabil	ity Company were filed on 07.	/27/2015	and assigned
Florida document number L15000126694			
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	limited liability company he	ore:	
The new name must be distinguishable and contain the words	"Limited Liability Company," the d	esignation "LLC" or the ab	breviation "L.L.C."
Enter new principal offices address, if applicable	·		
(Principal office address MUST BE A STREET A	DDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX	Ω		
Name of New Registered Agent: New Registered Office Address:			
	Enter Flor	lda street address	
-	City	, Florida	Zip Code
New Registered Agent's Signature, if changing Regis	•		cop cour
I hereby accept the appointment as registered ag provisions of all statutes relative to the proper a accept the obligations of my position as registere being filed to merely reflect a change in the regis company has been notified in writing of this char	gent and agree to act in this c nd complete performance of ed agent as provided for in C stered office address, I hereb	my duties, and I am f hapter 605, F.S. Or,	familiar with and if this document is nited liability
	70 D)		S AU
	If Changing Registered Ag	ent, Signature of New Re	elstored Agent.
	Page 1 of 3		
			FLOGR

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

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
S.T	Jeannette M. Dodd	2350 Morrow Road,	a Add
		Pittsburgh, PA 15241	□ Remove
			□ Change
4 			□ ∧dd
			Remove
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tion, enter change(s) here: (Attach addit	tional sheets, if necessary.)	
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ock does not meet the applicable statutory fil-	(optional) more than 90 days after filing.) Pursuant to 605,020 ling requirements, this date will not be listed a	07 (3)(b) as the
l effective date, but not an effective ord is filed.	e time, at 12:01 a.m. on the earlier	of:
2015		
	70 7	
	ive of a member	
ryped or printed name of signee	THE SOR	مستون تا (پاکستون
•		2 ! [!]
Page 3 of 3	7	
	date of filling: It be specific and cannot be prior to date of filling or ock does not meet the applicable statutory fill apartment of State's records. It effective date, but not an effective ord is filled. 2015 Signature of a member or authorized representatively-in-Pact	d effective date, but not an effective time, at 12:01 a.m. on the earlier ord is filed. 2015 Signature of Frambos or authorized representative of a member ey-in-Pact