L11000076370

| (Re | equestor's Name) | |
|-------------------------|-------------------|-----------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | y/State/Zip/Phone | · #) |
| PICK-UP | WAIT | MAIL |
| (Ви | siness Entity Nam | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |

Office Use Only

B. KOHR
NOV 8 0 2012
EXAMINER



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SECKETARY OF STATE

COVER LETTER

| TO: Registration Se Division of Cor | | | .*· |
|--|---|--|--|
| SUBJECT: Voter | Opinions LL Name of Limit | <u>C</u> ed Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub- | mitted for filing. | TALLAMASSEE, FLORIDA |
| Please return all correspo | ondence concerning this matter | to the following: | Service of the servic |
| | <u> </u> | Valenstein Name of Person | - Contraction of the contraction |
| | Voter (| Opinions LLC Firm/Company | |
| · | 2040 | Laurel Street Address | |
| | Tallahass | ce FL 32303 City/State and Zip Code | · · · · · · · · · · · · · · · · · · · |
| | Jen @ E-mail address: (ι | Facts 2 win, com o be used for future annual report notificati | ion) |
| For further information of | concerning this matter, please ca | all: | |
| Jennifer Name o | Valenstein of Person | at (<u>850)</u> 528 - (6) Area Code & Daytime Te | ⓒ ∖ Elephone Number |
| Enclosed is a check for t | he 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

| | | | | 3 |
|---|---|-------------------------------------|---|--|
| Voter Con | nions LLL | | 4 9 | The state of |
| (<u>Name of the Limited Li</u> (A Fl | ability Company as | t now appears or | our records. | 2 |
| (111) | orida Emilica Biabilit | y Company) | $^{\prime}$ | A Part of the second |
| The Articles of Organization for this Limited Liab | oility Company were | filed on | 4 1, 2011 | and assigned |
| Florida document number <u>L11 0000 7</u> | | | 0 | 700 |
| - | | | | ABE. |
| This amendment is submitted to amend the follow | vine: | | | 7 . |
| | • | _ | | |
| A. If amending name, enter the new name of th | <u>ne limited liability c</u> | ompany here: | | |
| The new name must be distinguishable and end with t "L.L.C." | he words "Limited Li | ability Company," | `the designation "L | LC" or the abbreviation |
| Enter new principal offices address, if applicab | alo: | | | |
| (Principal office address MUST BE A STREET) | | | | |
| Frincipul Office uddress MUSI BE A STREET | ADDRESSI | | | |
| | | | | |
| Enter new mailing address, if applicable: | | | | |
| • | | | | |
| (Mailing address MAY BE A POST OFFICE BO | <u></u> | | | <u> </u> |
| .• | | | | |
| B. If amending the registered agent and/or | registered office a | address on our | records, enter tl | ne name of the new |
| registered agent and/or the new registered offic | <u>ce address here</u> : | | \ . | - " |
| | - 0 | | | |
| Name of New Registered Agent: | <u>Jennifer</u> | Valenste | <u>in</u> | |
| New Registered Office Address: | | | | |
| | | Enter | Florida street addr | ess |
| | | | , Florida | |
| | City | y | | Zip Code |
| New Registered Agent's Signature, if changing Reg | gistered Agent: | | | |
| | | ~ | | |
| I hereby accept the appointment as registered of the provisions of all statutes relative to the pro- accept the obligations of my position as registe being filed to merely reflect a change in the reg company has been notified in writing of this ch | per and complete p ered agent as provi gistered office addr | performance of r ded for in Chap | ny duties, and I a ter 608, F.S. Or, i | m familiar with and if this document is |
| company has ocen normed in writing of this ch | | Valenster | MU Signature of New Reg | ¥ |
| | of Changing | Registered Agent, S | Signature of New Reg | istered Agent |

Page 1 of 3

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

| MGR = Manager | |
|------------------------|--|
| MGRM = Managing Member | |

| Title . | Name | Address | Type of Action |
|---------|---------------------|------------------------|----------------|
| MGRM | Noah Valenstein | 2040 Laurel Street | Add |
| | | Tallahassee, FL 32303 | Remove |
| MGRM | Jennifer Valenstein | 2040 Laurel Street | Add |
| | | Tallochassee, FL 32303 | Remove |
| | | | Add |
| | • | | Remove |
| | | | |
| | | | Remove |
| | | · | |
| | | | Add |
| | | | |
| | | | Add |
| | | | Remove |

| . If am | ending any other information, enter change(s) here: (Attach additional sheets, if necessary.) |
|---------|---|
| | |
| | |
| | |
| nted | lovember 30 th 2012. |
| | |
| | Signature of a member or authorized representative of a member |
| | NOAH VALFUSTEIN Typed or printed name of signee |
| | Page 3 of 3 |

Filing Fee: \$25.00