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(Re	equestor's Name)	
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2012 DEC 10 AM 8+40 SECRETARY OF STATE

J. SAULSBERRY EXAMINER

DEC 12 2012

## **COVER LETTER**

TO:

Registration Section
Division of Corporations

SUBJECT

Autograph Signing, 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:

Aaron Behar

Name of Person

Autograph Signing, LLC

Firm/Company

209 State Street

Address

Oldsmar, FL 34677

City/State and Zip Code

aaron@autographsigning.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**Aaron Behar** 

<sub>at</sub> 727 452-8665

Name of Person

Area Code & Daytime Telephone Number

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

	norabilia Pro, LLC			
( <u>Name of the Limited Liability</u> (A Florida L	Company as it now appea imited Liability Company)	rs on our records.)	<del></del>	
The Articles of Organization for this Limited Liability Co	ompany were filed on	08/12/2011	and assigne	:d
Florida document number	<b></b> ·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limit	ted liability company her	re:		
Autograph Signing, LLC				
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Compa	any," the designation "I	LC" or the abbro	viation
Enter new principal offices address, if applicable:	N/A		<u>.</u>	
(Principal office address MUST BE A STREET ADDR	ESS)		7 S	
			ECK ECK	<u>-</u> n
Enter new mailing address, if applicable:	N/A		C 10	F
(Mailing address MAY BE A POST OFFICE BOX)		·····	FOF S	
			OF LO	
B. If amending the registered agent and/or registered agent and/or the new registered office addr		our records, <u>enter (</u>	the name of th	ie_new
Name of New Registered Agent: N/A				
New Registered Office Address:				
	Er	nter Florida street ada	lress	
	- Civi	, Florida	71 0 1	
	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = M MGRM =	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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		,	Remove
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			Remove
			Add
			Remove

If a	mending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	, ·
	•
ed_	December 1st 2012
	Contraction of the second
	Signature of a member or authorized representative of a member
	Aaron Behar
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

2012 DEC 10 AM 8: 40