L11000005426

(Requestor's Name)		
(Address)		
(Address)		
, ,		
(City/State/Zip/Phone #)		
(City/State/2/p/Pfione #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Dusiness Linity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
Openial metadegone to 1 ming officer.		

Office Use Only



500261290935

06/16/14--01019--009 **25.00



SERVER THE I SHIP

COVER LETTER

TO: Registration Section Division of Corporations

IRIECT. Forgotten Treasures 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:

Mr. Andy Rousseau
Name of Pe

Forgotten Treasures LLC

Firm/Company

3103 81st CT East

Address

Bradenton, FL 34211

City/State and Zip Code

mark@burlingconsultantsllc.com

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

For further information concerning this matter, please call:

Mark Burling

, 941 , 961 - 4045

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

Forgotten Treasures LLC				
(Name of the Limited (A	Liability Company as it now appears on our records.) Florida Limited Liability Company)			
The Articles of Organization for this Limited Liab Florida document number <u>L11000005420</u>	ility Company were filed on 01/13/2011	and as:	signed	
This amendment is submitted to amend the following	ing:			
A. If amending name, enter the new name of th	e limited liability company here:			
Downsizeology LLC				
The new name must be distinguishable and end with the wor	rds "Limited Liability Company," the designation "LLC" or the a	bbreviation "	L.L.C."	_
Enter new principal offices address, if applicable	le:	_	- <u>-</u>	_
(Principal office address MUST BE A STREET	ADDRESS)			_
B. If amending the registered agent and/or registered agent and/or the new registered offic	registered office address on our records, enter e address here:	the name	of the	nev
		Ĺ.		
Name of New Registered Agent:		224		_
New Registered Office Address:		100 mg/s	-	, ,
New Registered Office Address.	Enter Florida street address			- . •
	, Florida	<u></u>	<u>.</u>	_
	City	Zip Code	:5	
New Registered Agent's Signature, if changing Reg	ristered Agent:	75	15	
provisions of all statutes relative to the proper accept the obligations of my position as registe	agent and agree to act in this capacity. I further agn and complete performance of my duties, and I am f wred agent as provided for in Chapter 605, F.S. Or, wistered office address, I hereby confirm that the lin ange.	familiar wi if this doc	ith and ument is	

If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

<u>e</u>	<u>Name</u>	Address	Type of Action
			Add
			Remove
			Add
			Remove
			
			Add
			□ Remove
			Add
			Remove
			D Add. ☐
			Remove
			☐ Remove

n, enter change(s) here: (Attach addit	ional sheets, if necessary.)
te of filing:e prior to date of receipt or filed date and cannot a Department of State)	(optional) t be more than 90 days after
2014	
mean	
mature of a member or authorized representativ	ve of a member
_	te of filing: e prior to date of receipt or filed date and canno a Department of State) 2014

Page 3 of 3

Filing Fee: \$25.00