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(Re	equestor's Name)	
(Ac	idress)	
· (Ac	ldress)	
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

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T. CLINE

MAR - 9 2010

EXAMINER

SECRETARY OF STATE
ALL AHASSEF, FLORIDA

COVER LETTER

. Division of Co	ection rporations		
SUBJECT:	Activ	efilings LLC	
Source:		ited Liability Company	
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
		Roberto Neuberger	
		Name of Person	
		Firm/Company	
		5512 McKinley St	
		Address	
		Hollywood, FL 33021 City/State and Zip Code	
	opor	•	
	E-mail address: (ations@activefilings.com to be used for future annual report notification)	
For further information of	concerning this matter, please of	eall:	
	erto Neuberger	at (800) 609-2521	
Name (or rerson	Area Code & Daytime Telephone Number	
Enclosed is a check for t	he following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	(additional copy is enclosed) Certified	e of Status & Control Status & Control Status & ARETAR - 8
Regist Divisi P.O. B	ING ADDRESS: ration Section on of Corporations lox 6327 assee, FL 32314	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	ANII: 24 Y OF STATE FE. FLORIDA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Activefi	lings LLC			
(Name o	of the Limited Liability Com (A Florida Limite	pany as it now apped Liability Company	ars on our records.)		
	•	<i>,</i>			
The Articles of Organization for th	nis Limited Liability Compa	ny were filed on	January 1, 2002	and assig	ned
Florida document number	L01000022644				
This amendment is submitted to a	mend the following:				
A. If amending name, enter the	new name of the limited li	ability company he	e <u>re</u> :		
The new name must be distinguishab "L.L.C."	ole and end with the words "Li	mited Liability Com	pany," the designation "LI	LC" or the ab	breviation
Enter new principal offices addr	ress, if applicable:				
(Principal office address MUST I	BE A STREET ADDRESS)				
Enter new mailing address, if ap	plicable:				
(Mailing address MAY BE A POS	ST OFFICE BOX)				
				72 ST	
				ES #	-17
B. If amending the registered	agent and/or registered	office address on	our records, enter th		
registered agent and/or the new	registered office address h	<u>ere</u> :		SSE	רן מ
				wich :	3
Name of New Registered	i Agent:			<u> </u>	<u> </u>
New Registered Office A	Address:			器	24
		E	nter Florida street addr	ess	
			, Florida		
		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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Nina Birnbach	10651 NE 11 Court, Miami Shores, FL 33138	Add Remove
MGRM_	Nina Birnbach	10651 NE 11 Court, Miami Shores, FL 33138	Add ☑ Remove
MGRM	GoEForms LLC	5512 McKinley St, Hollywood, FL 33021	Add Remove
			Add Remove
			∏Add Remove
			Add Remove
D. If amendi 	ing any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	2010 HAR -8 AMI SECRETARY OF S
			MII: 24 SEE. FLORIDA
Dated	Februrary 4th , 201	<u>10</u> .	
	Howar	irulach	
		or authorized representative of a member	
		or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00