## L04000070436

| (Ře                     | questor's Name)   |                 |
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| (Cit                    | y/State/Zip/Phone | <del>)</del> #) |
| PICK-UP                 | ☐ WAIT            | MAIL            |
|                         |                   |                 |
| (Bu                     | siness Entity Nап | ne)             |
|                         |                   |                 |
| (Do                     | cument Number)    |                 |
| Certified Copies        | _ Certificates    | of Status       |
|                         |                   |                 |
| Special Instructions to | Filing Officer:   |                 |
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T. HAMPTON
FEB 1 1 2010
EXAMINER

## **COVER LETTER**

| Division of Co                    | rporations                                 |   |  |
|-----------------------------------|--|---|--|
| SUBJECT:                          | Lift Off Strat                             | egy & Creative LLC  |  |
| white half the same to a contract | Name of Lim                                | ited Liability Company  |  |
| The enclosed Articles o           | f Amendment and fee(s) are sul             | bmitted for filing.   |  |
| Please return all corresp         | ondence concerning this matter             | to the following:   |  |
|                                   |  | Jane L. Carey   |  |
|                                   |  | Name of Person  |  |
|                                   | (  | Chuck Carey Design  |  |
|                                   |  | Firm/Company  | and the same of th |
|                                   | 65   | 39 Field Sparrow Glen   |  |
|                                   |  | Address   | <del> </del>   |
|                                   | Lake                                       | ewood Ranch, FL 34202   |  |
|                                   |  | City/State and Zip Code   | <del></del>  |
|                                   | jane(                                      | chuckcareydesign.com to be used for future annual report notifica |  |
|                                   |  |   | ation)   |
| For further information           | concerning this matter, please of          | call:   |  |
| ,                                 | Jane Carey                                 | at (941) 7  | 51-2438  |
| 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)   |
| 354                               | I DIC ADDDECC                              |   |  |

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

| Lift Off Strateg   | y & Creative                               | LLC                            |                |            |
|--|--|--------------------------------|----------------|------------|
| (Name of the Limited Liability Com<br>(A Florida Limite  | ipany as it now apr<br>ed Liability Compan | oears on our records.)<br>iy)  |                |            |
| The Articles of Organization for this Limited Liability Compa<br>Florida document numberL0400070436  | any were filed on _                        | September 27, 2004             | and assig      | ned        |
| This amendment is submitted to amend the following:  |  |                                |                |            |
| A. If amending name, enter the new name of the limited l   | iability company                           | <u>here</u> :                  |                |            |
| Chuck Care   | y Design LLC                               |                                |                |            |
| The new name must be distinguishable and end with the words "L" L.L.C."  | imited Liability Co                        | mpany," the designation "Ll    | LC" or the abl | oreviation |
| Enter new principal offices address, if applicable:  |  |                                |                | <u> </u>   |
| (Principal office address MUST BE A STREET ADDRESS   | <u> </u>                                   |                                | <u> </u>       | /ISE       |
|  |  |                                |                | <u>吴崇</u>  |
|  | · ·  |                                | 10             | - F.S      |
| Enter new mailing address, if applicable:  |  |                                | <u> </u>       | - 550E     |
| (Mailing address MAY BE A POST OFFICE BOX)   |  |                                | 2              | 9 S        |
|  | <del></del>                                |                                |                | ATE        |
|  |  | ,                              |                | NS.        |
| B. If amending the registered agent and/or registered registered agent and/or the new registered office address because the second of the seco |  | n our records, <u>enter th</u> | ie name of     | the new    |
| Name of New Registered Agent:  |  |                                |                |            |
| New Registered Office Address:   | ***  |                                | w              |            |
|  |  | Enter Florida street addr      | ess            |            |
|  | <u>.</u>                                   | , Florida                      |                |            |
|  | City                                       |                                | Zip Code       |            |
| New Registered Agent's Signature, if changing Registered Age   | ent:                                       |                                |                |            |

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 = Ma<br>MGRM = N | nager<br>Ianaging Member                  |   |   |
|----------------------|---|---|---|
| <u>Title</u>         | Name                                      | Address   | Type of Action                            |
|                      |   |   | Add<br>Remove                             |
|                      |   |   | Add<br>Remove                             |
|                      | ·<br>                                     |   | Add<br>Remove                             |
|                      | - · · · · · · · · · · · · · · · · · · ·   |   | Add<br>Remove                             |
|                      |   |   | Add<br>Remove                             |
|                      |   |   | Add<br>☐Remove                            |
| D. If amen           | ling any other information, enter change( | (s) here: (Attach additional sheets, if necessary.) | -<br>-<br>-<br>-<br>-<br>-<br>-<br>-<br>- |
|                      |   |   | ECRETARY<br>ISION OF CO<br>OFEB 10        |
|                      |   |   | RY OF STATE CERPORATIONS                  |
| Dated                | ,   |   | S   |
|                      | 7   | or authorized representative of a member            | <del></del>                               |
|                      |   | ane L Carey r printed name of signee                |   |

Page 2 of 2

Filing Fee: \$25.00