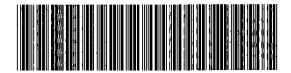
L04000076980

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Consist Instructions to Cities Officer					
Special Instructions to Filing Officer:					

Office Use Only



700210236127

07/22/11--01020--015 **25.00

2011 JUL 22 PM 12: 50
SECRETARY OF STATE
ANASSEE, FLORID,

C. LEWIS

JUL 2 5 2011

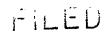
EXAMINER

COVER LETTER

то:	Registration Sect Division of Corpo				
SUBJE	ECT:	FOLLOW UI	P SERVICES, LLC	;	
3020			ted Liability Company		·
The end	closed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please	return all correspond	dence concerning this matter	to the following:		
		D	ANIELA ARBELAEZ		_
			Name of Person		-
			Firm/Company		-
1366 VERACRUZ LANE				_	
			Address		
		WES	STON,FLORIDA 3333 City/State and Zip Code	27	-
		FOLLOWUI E-mail address: (to	P_SERVICES@YAHo o be used for future annual repo	OO.COM ort notification)	
For fur	ther information con	cerning this matter, please ca	all;		
	DANIEL Name of P	A ARBELAEZ	at (_954_)	638-7250 Daytime Telephone Number	
	Name of 1	Cison	Alea Code &	izay time Telephone Numbe	.1
Enclose	ed 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 er	closed) Certifie	ate of Status &
	Registrati Division o P.O. Box	G ADDRESS: on Section of Corporations 6327 ee, FL 32314	Registration Division of Clifton Buil	Corporations	

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2011 JUL 22 PM 12: 50

FOLLO	W-UP SERVICES.LLO	SE TAL	CRETARY OF STATE	
(<u>Name of the Limited Liah</u> (A Flor			<u>LANAO</u> CE, LEGNIS.	
٠.	• • •			
The Articles of Organization for this Limited Liabili	ty Company were filed on	10-22-2004	and assigned	
Florida document number LO400076980	<u>) </u>			
This amendment is submitted to amend the following	g:			
A. If amending name, enter the new name of the	submitted to amend the following: ame, enter the new name of the limited liability company here: TOBACCO 4 LESS, LLC be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation and offices address, if applicable: and offices address, if applicable: AAY BE A STREET ADDRESS) the registered agent and/or registered office address on our records, enter the name of the new and/or the new registered office address here: New Registered Agent: Stered Office Address: Enter Florida street address Florida			
TOE	BACCO 4 LESS, LLC			
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compar	ny," the designation "	LLC" or the abbreviation	
Enter new principal offices address, if applicable:			·	
(Principal office address MUST BE A STREET AL	ODRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX)			
		ur records, <u>enter</u>	the name of the new	
registered agent and/or the new registered office a	address here:			
Name of New Registered Agent:				
New Registered Office Address:			<u>, </u>	
	Enter Florida street address			
		, 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

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
	-		Add
			Remove
			□ Domous
			AddRemove
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, en	ter change(s) here: (Attach additional shee	ets, if necessary.)
_			2011 JUL SECRE TALLAH
_			22 PM TARY OF ASSEE!
Dated	July 16	_, <u>2011</u> .	OF STATE
	Signature o		mber
		Daniela Arbelaez Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00