LOL0000 34434

(Re	equestor's Name)	
. (Ad	idress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
· (Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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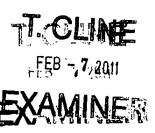
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2011 FEB -4 PH 2: 31
SECRETARY OF STATE





FLORIDA DEPARTMENT OF STATE Division of Corporations

January 27, 2011

CRAIG DOWN 3250 MARY STREET, SUITE 307 COCONUT GROVE, FL 33133

SUBJECT: ORDERCATCHER LLC

Ref. Number: L06000034434

We have received your document for ORDERCATCHER LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 311A00002279

COVER LETTER

TO: Registration S Division of Co				
SUBJECT:	Orde	rcatcher LLC		
		nited Liability Company		
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.		
Please return all corresp	ondence concerning this matte	er to the following:		
		Craig T. Downs		
		Name of Person		
	THE C	OOWNS LAW GROUP, P.A.		
		Firm/Company		
	325	50 Mary Street, Suite 307	7	
		Address	AND AND	<u>.</u>
	Co	conut Grove, FL 33133	RETAR	1
		City/State and Zip Code	- Size +	<u> </u>
	mlan	nb@downslawgroup.com		Service \$ \$
	E-mail address:	to be used for future annual report notifica	tion)	#11 14 3
For further information	concerning this matter, please	call:	<u> </u>	
	aig T. Downs	# (14-8226	
Name o	of Person	Area Code & Daytime T	elephone Number	
Enclosed is a check for t	he following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclo	osed)
Regist	ING ADDRESS: ration Section	STREET/COURIER Registration Section Division of Corporation		

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

(Name of the Limited Liability Com (A Florida Limited	pany as it now appears d Liability Company)	on our records.)		
, (A Florida Limited	• • •			
The Articles of Organization for this Limited Liability Compa	ny were filed on	3/30/2006	and assigned	
Florida document number <u>L06000034434</u> .				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited li	ability company here	;		
The new name must be distinguishable and end with the words "Li "L.L.C."	mited Liability Compan	y," the designation '	'LLC" or the abbre	viation
Enter new principal offices address, if applicable:	3250 Mary Str	eet, Suite 307		
(Principal office address MUST BE A STREET ADDRESS)	Coconut Grove	e, FL 33133	**************************************	
Enter new mailing address, if applicable:	3250 Mary Str	eet, Suite 307	FEB -	Filance Land
(Mailing address MAY BE A POST OFFICE BOX)	Coconut Grove	e, FL 33133		1100-05-0-4
			2 PA	
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		ır records, <u>enter</u>	the name of th	e new
TELEVISION CONTRACTOR				
Name of New Registered Agent:			<u> </u>	
New Registered Office Address: 3250 Mary				
	Ente	r Florida street ad	ldress	
Cor	conut Grove, FL	, Florida _	33133	
New Pegistered Agent's Signature if changing Degistered Agen	City		Zip Code	

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> <u>Address</u> **Type of Action** MGR Craig T. Downs 3250 Mary Street, Suite 307 Coconut Grove, FL 33133 ☐ Add Remove ☐ Add Remove ☐ Add Remove Add Remove ___Add

Remove

				Add Remove
D. If amending any oth	ner information, enter change(s) here: (Attach additional sheets, if necessary.)	*HASSE	1-833
			OF STA	·
				ω
			_	
Dated 2/	, 201	<u>//</u> .		
	Signature of a member of	f authorized representative of a member		_

Page 2 of 2

Craig T. Downs
Typed or printed name of signee

Filing Fee: \$25.00