## 06000035380

(Req	uestor's Name)	
(Add	ress)	
(Add	ress)	·
(City)	/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL MAIL
(Busi	iness Entity Nam	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



600137160756

10/27/08--01035--001 \*\*25.00

OR OCT 27 ANII: 47

J. BRYAN

OCT 2 8 2008

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations  SUBJECT: Crowd Pleaser Limbs, 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:	
Larry Nystedt (Name of Person)  Crowd Pleaser Lines UC (Firm/Company)	08 OCT 27
53010 Pine Rocklands Are	
(Address)	
City/State and Zlp Code)	
For further information concerning this matter, please call:  Larry Ny Hadt  (Name of Person)  at (813) 1095-5456  (Area Code & Daytime Telephone Number	r)
(additional copy is enclosed) Certified	te of Status &
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

Crowd Pleaser L	imos II.C.	DRAP OF S
(Name of the Limited Liability	y Company as it now appears on Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability Comment number Loboro 353	Company were filed on <u>4-5</u>	ーの6 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	nited liability company here:	
The new name must be distinguishable and end with the wo	ords "Limited Liability Company,"	the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	<u> </u>	
B. If amending the registered agent and/or registered agent and/or the new registered office ad		records, enter the name of the new
Name of New Registered Agent:		•
New Registered Office Address:	(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

MGRM = Managing Member **Type of Action Title** Address Name morm Larry W. Nystedt 5306 Pine Rocklands Avergradd ☐ Add Remove Remove ☐ Add Remove ☐ Add ☐ Remove 🗖 Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) 2008 Dated October Signature of a hember or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00