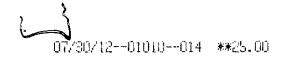
LU6000051328

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

Office Use Only



200237719242



•

UL 3 1 2012

XAMINER

N2 JUL 30 PH 1: 67 SECRETARY OF STATE ULLAHASSEE, FLORIGA

COVER LETTER

TO:

TO: Registration S Division of Co				
SUBJECT:	Floridian	Experience, LLC		
Sobject.		ted Liability Company		
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
		Ann Leibe		
		Name of Person		
		Floridian Experience		
•		Firm/Company		
	12	0 Broadway, Suite 303		
		Address		
	Kies	immee, FL. 34741-5706		
	1/100	City/State and Zip Code	.	
	lifes	tylemagic@earthlink.net to be used for future annual report notifica		
For further information	E-mail address: (concerning this matter, please of		ation)	
ror fattier information	concerning this matter, please c			
	Ann Leibe	at (407) 8 Area Code & Daytime 7	47-8988	
Name	of Person	Area Code & Daytime	Telephone Number	
Enclosed is a check for	the following amount:		Sc 25	
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sectificate of Status & Certificate of Status & Certificate Copy & Certified Copy & Certifi	
MAILING ADDRESS:		STREET/COURIE	- year Ameri	
Registration Section Division of Corporations		Registration Section Division of Corporations		
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center Circle		
rananassee, FL 32314		Tallahassee, FL 3230		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Floric	dian Experience, LLC	ز. 		
(A Flo	bility Company as it now app orida Limited Liability Company	ears on our records.)		
The Articles of Organization for this Limited Liabil Florida document number	• • •	October 4th, 200	27 and assigned	
This amendment is submitted to amend the following	ng:			
A. If amending name, enter the new name of the	limited liability company h	iere:		
The new name must be distinguishable and end with th "L.L.C."	e words "Limited Liability Con	npany," the designation	"LLC" or the abbreviation	
Enter new principal offices address, if applicable	:			
(Principal office address MUST BE A STREET A	DDRESS)			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BO.	<u> </u>		F0 33	
			22	
B. If amending the registered agent and/or a		a our records, <u>enter</u>	the name of the new	
registered agent and/or the new registered office	address here:			
•				
Name of New Registered Agent:			100 At 10	
New Registered Office Address:	<u> </u>			
		Enter Florida street address		
_	<u> </u>	, 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member **Address Title** <u>Name</u> Type of Action MGR Kate Leibe 7720 25th Avenue W. ✓ Add Remove Bradenton FL 34209-5239 Burton Hall Elaine Donnelly MGR Stafford ST18 0DR ☐ Remove United Kingdom Remove Add Remove \prod Add Remove Σ do Adas Romove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated _ July 28th 2012 Signature of a member or authorized representative of a member Ann Leibe

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signce