

206000093430

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

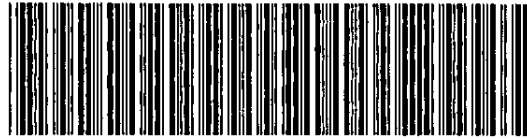
Certified Copies _____ Certificates of Status _____

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2013 SEP 23 AM 10 49

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: First Memories IN 3D/4D 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:

Ruel T. Stoessel M.D.
Name of Person

First Memories IN 3D/4D LLC
Firm/Company

8645 N. Military Trail Ste. 508
Address

Palm Beach Gardens FL 33410
City/State and Zip Code

rtSmd1@me.com
E-mail address: (to be used for future annual report notification)

2013 SEP 23 AM 10:43
TALLAHASSEE, FLORIDA
STATE

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For further information concerning this matter, please call:

Ruel Stoessel at (561) 630 8001
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|---|--|--|--|

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**

First Memories IN 3D/4D LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 9-22-2006 and assigned Florida document number 406000093430.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

FILED
2006 SEP 23 AM 10:44
CLERK OF CIRCUIT COURT
IN AND FOR THE COUNTY OF PALM BEACH
FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Ruel T Stoessel

New Registered Office Address:

8645 N. Military Trail Ste. 508

Enter Florida street address

Palm Beach Gardens, Florida 33410

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.

Ruel T Stoessel

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

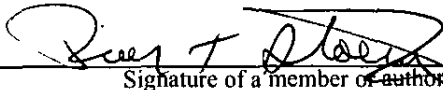
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Mikaela B. Garcia	8645 N. Military Trail	<input type="checkbox"/> Add
		Ste. 508	<input checked="" type="checkbox"/> Remove
		Palm Beach Gardens	
		FL. 33410	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

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2013 SEP 23 PM 4:14
CLERK OF DISTRICT COURT
PALM BEACH COUNTY, FLORIDA

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

.....
.....
.....
.....
.....

Dated September 18, 2013



Signature of a member or authorized representative of a member

Ruel T. Stoessel

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

CLERK OF COURT
JAILHOUSE, FLORIDA

2013 SEP 23 AM 10:44

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