## L06000097465

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
<b>(</b> Bu	siness Entity Nar	me)
(Do	ocument Number)	
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12/02/13--01013--005 \*\*25.00



J. Shivers DEC 0 3 2013

## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT:	So Mo Cup? Name of Limit	ed Liability Company	<u>"L</u>
The enclosed Articles of A	mendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	dence concerning this matter	to the following:	
	Nancy	F. B/rd/ay Name of Person	· · · · · · · · · · · · · · · · · · ·
		Firm/Company	
	<u>501 S. B</u>	each St. Address	
	Opmons B.	City/State and Zip Code	174
	E-mail address: (to	Fbradley Dyshoo up be used for future annual report notificat	om ion)
For further information co	ncerning this matter, please ca	all:	
N An up Fi Name of	Brookly Person	at (386) UL- 7 Area Code & Daytime To	6 9 5 elephone Number
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$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

(Name of the Limited L	ability Company orida Limited Lia	as it now appears bility Company)	on our records.)		
The Articles of Organization for this Limited Liab	ility Company w	ere filed on	9/25/200	and assigned	l
Florida document number Locooq3			<i>'</i> ]		
This amendment is submitted to amend the following	ing:				
A. If amending name, enter the new name of th	e limited liabili	ty company here	<b>;</b>		
The new name must be distinguishable and end with the "L.L.C."	he words "Limite	d Liability Compan	y," the designation	"LLC" or the abbrev	 /iation
Enter new principal offices address, if applicable	le:	502 5	- Besch	st.	
(Principal office address MUST BE A STREET A	ADDRESS)	Opvien	us Buch	FL 3217	
Enter new mailing address, if applicable:		Same as Abo	ve ve	ALC: The second	
(Mailing address MAY BE A POST OFFICE BO	<u>)X)</u>				?
B. If amending the registered agent and/or registered agent and/or the new registered office		ce address on o	ur records, <u>ente</u>	r the name of the	new
Name of New Registered Agent:	NAnc	y F. Br	odley	<u> </u>	<del></del>
New Registered Office Address:	502 5	. Bueh Ente	er Florida street d	nddress	
-	Ormano 1	3uch	, Florida	32 V7Y Zip Code	
Naw Degistered Agent's Signature if shanging Deg	vistared Agents	Cuy		Zip Coae	

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 Register d Agent, Signature of New Registered Agent

Page 1 of 3

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

<u>Title</u>	Name	Address	Type of Action
Mar	RICHARD A VINCIL	502 S. Buch St.	Add
•		Openers Buch, FC 32171	Remove
			_
	<del></del>		Add
			Remove
			Add
		C ·	Remove
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			Add
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			<del>□</del>
			_ Add
			Remove
			<del></del>
			Add
			Remove

If ame	nending any other information, enter change(s) here: (Attach ad	lditional sheets, if necessary.)
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-		
_		
_		
d	,	7 /
	Nanny & Brow	(X4
	Signature of member or authorized represen	tative of a member
	NAWCY F. DR	ADLEV
	Typed or printed name of sign	nee
	Page 3 of 3	

Filing Fee: \$25.00