## L07000016147

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
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(Do	ocument Number)	
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

T. Styleses TWN 0 8. 5012

## **COVER LETTER**

	egistration Sectivision of Corp			•	
CUDIECT		brace LLC		•	
SUBJECT	·	Name of Limi	ited Liability Company		
The enclose	ed Articles of A	Amendment and fee(s) are sub-	mitted for filing.		
Please retu	rn all correspor	ndence concerning this matter	to the following:		
		C M Lybrand			
			Name of Person		
		C M Lybrand & Co.	LLC		
			Firm/Company	<del> </del>	
		728 Canal Street			
			Address	<del></del>	
		New Smyrna Beach	, FL 32168		
			City/State and Zip Code		
		lybrand@cfl.rr.com			
		E-mail address: (	to be used for future annual report notifi	cation)	
For further	information co	oncerning this matter, please ca	all:		
C M Lyb	orand		386 428-2315		
	Name of	f Person	Area Code Daytime	Telephone Number	
Enclosed is	s a check for th	ne 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

## Final Embrace LLC

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

(A Florida Limited Liability Company)

(A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on 02/13/2007 and assigned Florida document number L07000016143
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)
B. If amending the registered agent and/or registered office address on our records, enter the name of the ne registered agent and/or the new registered office address here:
Name of New Registered Agent:
New Registered Office Address:
Enter Florida street address
City Sin 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

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 605, 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 Authorized Member on our records, <u>enter the title, name, and address of each Manager or Authorized Member being added or removed from our records</u>:

AMBR Ly	nn D. Totten	A78 Ranchette Rd  New Smyrna Beach, FL 32168	Add Remove Add
		New Smyrna Beach, FL 32168	
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•	ding any other information, enter change(s) here: (Attach additional sheets, if necessary.)
<u></u>	
-	
The effecti	e date, if other than the date of filing:(optional) ve date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after also document is filed by the Florida Department of State)
Dated	DECEMBER 1, 2014.
	n Marine
	Signature of a member or authorized representative of a member
	// Timothy Totten

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Filing Fee: \$25.00

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SEGRETARY OF STATE