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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

C. LEWIS
FEB - 5 2013
EXAMINER

COVER LETTER

TO: Registration Section

Division of Corporations

thenakedcity.com, 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:

David F Lawrence

Name of Person

Firm/Company

P.O. Box 52

Address

Winter Park, FL 32790

City/State and Zip Code

daveinwp@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David F Lawrence

__407\461-2329

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the 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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

2013 FEB -4 AM 8: 46

thenakedcity.com, 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 Plorida document number L07000022856 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Great Lakes Investment Group, LLC The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviatio "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 Enter Florida street address Zip Code			007
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City Zip Code		0:	
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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

or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
	<u> </u>		Add	
			Remove	
			Add	
			Remove	
			Add	
			Remove	
			Add	
			Remove	
			Add	
		 	Remove	
			Add	
			Remove	

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	FILED SECRETARY OF STATE DIVISION OF CORPORATIONS
	2013 FEB -4 AM 8: 46
Dated	
	Signature of a member of authorized representative of a member
	DAVIO 1- CALERENCE
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00