L07000039892

(Re	questor's Name)				
(Address)					
(Ad	dress)				
(Cit	y/State/Zip/Phon	ne #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificate	s of Status			
Special Instructions to Filing Officer:					

Office Use Only



600186374416

10/12/10--01006--025 **60.00

B. KOHR

OCT 1 4 2010

EXAMINER

COVER LETTER

TO:	Division of Cor			÷		
SUBJE	ECT:	ALL	I CAN, LLC			
		Name of Limi	ited Liability Company	<u> </u>		
The end	closed Articles of	Amendment and fee(s) are sub	omitted for filing.	•		
Please 1	return all correspo	ondence concerning this matter	to the following:			
		BRUCE THOMPSON				
		Name of Person				
			ALL I CAN, LLC			
		Firm/Company				
		135	1354 MOOSE HEAD TRAIL			
			Address			
			ACKSON, ME 04921			
		BRUCE)	City/State and Zip Code WTHOMPSON@MAC.COM			
			to be used for future annual report notification	n)		
For furt	ther information c	concerning this matter, please of	call:			
	BRUC	E THOMPSON	at (_207)323	-1828		
	Name o	of Person	Area Code & Daytime Tele	ephone Number		
Enclose	od is a sheek for t	he following amount:				
	.00 Filing Fee	\$30.00 Filing Fee &	\$55.00 Filing Fee &	√ }\$60.00 Filing Fee,		
		Certificate of Status	Certified Copy (additional copy is enclosed)	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 / Registration Section	ADDRESS:		
		on of Corporations	Division of Corporation Clifton Building	s		
			2661 Executive Center to Tallahassee, FL 32301	Circle		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ALLICA	IN, LLC					
(<u>Name of the Limited</u> (A	<u>Liability Compa</u> Florida Limited I	ny as it now appears : Liability Company)	on our records.)	7			
The Articles of Organization for this Limited Lia Florida document number	ibility Company			and assigned			
This amendment is submitted to amend the follo	wing:						
A. If amending name, enter the new name of	the limited liab	llity company here:					
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Company	," the designation "L	.LC" or the abbreviation			
Enter new principal offices address, if applicable:		1354 MOOSE HEAD TRAIL					
(Principal office address MUST BE A STREET ADDRESS)		JACKSON, ME 04921					
			<u>.</u>				
Enter new mailing address, if applicable:		1354 MOOSE I	HEAD TRAIL				
(Mailing address MAY BE A POST OFFICE BOX)		JACKSON, ME 04921					
B. If amending the registered agent and/or registered agent and/or the new registered off			r records, <u>enter t</u>	he name of the new			
Name of New Registered Agent:	ED MOSS			·			
New Registered Office Address:	New Registered Office Address: 480 N. ORLANDO AVE, SUITE 218						
		Enter Florida street address					
WI		NTER PARK	, Florida	32789			
		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

Page 1 of 2

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 Type of Action <u>Address</u> <u>Title</u> <u>Name</u> **LONNIE DAHL** 480 N. ORLANDO AVE, SUITE 218 WINTER PARK, FL 32789 MGR □ Add Remove BRUCE THOMPSON MGRM 1354 MOOSE HEAD TRAIL ✓ Add Remove JACKSON, ME 04921 ☐ Add Remove Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) LONNIE DAHL - 0% OWNERSHIP INTEREST BRUCE THOMPSON - 100% OWNERSHIP INTEREST OCTOBER 6 2010 Dated ___ Signature of a member or authorized representative of a member **BRUCE THOMPSON** Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00