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J. Shivers DEC 1 6 2014

COVER LETTER

TO: Registration Sec Division of Corp			
	ook Promotions, LLC		
SUBJECT:	Name of Limit	ed Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspon	ndence concerning this matter t	o the following:	
	N. Michael Kouskout	is, Esq.	
		Name of Person	<u> </u>
•	N. Michael Kouskout	tis, P.A.	
		Firm/Company	
	623 E. Tarpon Ave.		
		Address	
	Tarpon Springs, FL	34689	•
		City/State and Zip Code	
	nmk@nmklaw.com		
	E-mail address: (t	o be used for future annual report notific	cation)
For further information c	oncerning this matter, please ca	all:	
N. Michael Kouskoutis		727 942-3631	
Name o	f Person		Telephone Number
Enclosed is a check for the	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

Willowbrook Promotions, I		
(Name of the Lim	ited Liability Company as it now appears on our recoi (A Florida Limited Liability Company)	rds.)
		. 1
The Articles of Organization for this Limited I	Liability Company were filed on April 25, 200	on and assigned
Florida document number L07000044372	, * · · ·	
This amendment is submitted to amend the fol	lōwińg:	
A. If amending name, enter the new name of	of the limited liability company here:	
The new name must be distinguishable and end with the	e words "Limited Liability Company," the designation "L	LC" or the abbreviation "L.L.C."
Enter new principal offices address, if appli	cable:	
(Principal office address MUST BE A STRE	ET ADDRĚSS)	
	<u> </u>	,
		·
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE	BOX)	,
B. If amending the registered agent and registered agent and/or the new registered of	l/or registered office address on our record	ds, enter the name of the new
registered agent andror the new registered to	mice address nere.	CRE CRE
Name of New Registered Agent:	N. Michael Kouskoutis, Esq.	C S
New Registered Office Address:	623 E. Tarpon Ave.	
	Enter Florida street addr	ess 5 = 5
	Tarpon Springs, F	Torida 34689 £
	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 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, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member Title Name <u>Address</u> **Type of Action DAN GARRISON** MGRM 1002 MARSH VIEW LANE **TARPON SPRINGS, FL 34689** Remove **DAVID HILDERBRAND MGRM** 711 ANCLOTE DRIVE W. ■ Add TARPON SPRINGS, FL 34689 ☐ Remove MGRM N. MICHAEL KOUSKOUTIS 623 E. TARPON AVE. Add TARPON SPRINGS, FL 34689 ☐ Remove ☐ Add ☐ Remove ☐ Remove

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The effective date:	must be specific,	cannot be prior t	to date of receipt or	filed date an	t d cannot be n		onal) after
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Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE
TALLAHASSEE FLORID