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(Re	equestor's Name)		
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PICK-UP	WAIT	MAIL	
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Certified Copies	Certificates of Status		
Special Instructions to	Filing Officer:		
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SECRETARY OF STATE DIVISION OF CORPORATIONS

--- LAN 3 6 2008

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Too Smooth 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:
Leslie Petruzelli (Name of Person)
Too Smooth, LLC (Firm/Company)
758 Seneca Meadows Rd.
Winter Springs, Fl 32708 (City/State(an)d Zlp Code)
For further information concerning this matter, please call:
Lestie Petruzelli at (407) 710.0135 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee \$ \$55.00 Filing Fee \$ \$60.00 Filing Fee, Certificate of Status \$ Certified Copy (additional copy is enclosed) \$ 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

ARTIC	CLES OF ORGANIZATION OF	OF CORPORATIONS 30 PM 1: 45
(Name of the Limited L	Smooth, LLC Liability Company as it now appears on our records Florida Limited Liability Company)	RATIONS
The Articles of Organization for this Limited Lia Florida document number <u>LO 7 () () ()</u>	bility Company were filed on <u>'(o · 12 · 20</u> (o 19 4 Z	and assigned
This amendment is submitted to amend the follow	wing:	
A. If amending name, <u>enter the new name of t</u>	the limited liability company here:	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," the designat	ion "LLC" or the abbreviation
B. If amending the registered agent and/or registered agent and/or the new registered offi	r registered office address on our records, <u>en</u> ice address here:	iter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	(Enter Florida stre	eet address)
	. Florid	ia

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.

(City)

(If Changing Registered Agent, Signature of New Registered Agent)

(Zip Code)

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

<u>Title</u>	<u>Name</u>	Address	Type of A	<u>etion</u>
MGRM	<u>Leslie Petruzelli</u>	758 Seneca Meadows Rd. Winter Springs, Fl 32708	Add Remove	
			Add Remove	
			Add Remove	
			Add Remove	
		· · · · · · · · · · · · · · · · · · ·	Add Remove	
			Add Remove	
D. If amendin	g any other information, enter change(s) here: (Attach additional sheets, if necessary.)	08 JAN 30 PM	SECRETARY OF COR
_			- 1.15	CORPORATIONS
Dated	1 24 , 200	18.	_	
- -	Leslie	Per uzelli		

Page 2 of 2

Filing Fee: \$25.00