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SECRETARY OF STATE

D. BRUCE

NOV 9 2009

**EXAMINER** 

## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT:	FAN Slamp,	LLC	
SUBJECT:	Name of Limi	ted Liability Company	<del> </del>
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.	
Please return all correspondent	ondence concerning this matter	to the following:	
	Scot	H A. Siegel Name of Person	
		Name of Person	
	FAN S	HAMP, LLC	
		Firm/Company	
•	Po Bu	Hamp ILLC Firm/Company  Address  PARK FL 32790 - 3140  City/State and Zip Code  San Hamp. Com	
		Address	
	Winter	PARK, FL 32790-3140	
	Codt a my	City/State and Zip Code	
	E-mail address: (1	to be used for future annual report notification	ALL SE
For further information of	concerning this matter, please o		SECRETARY OF STATE Shone Number
Scott	Siegel of Person	at ( 407) 628 - 3/3/ Area Code & Daytime Telep	SEE.
Name o	of Persota	Area Code & Daytime Telep	shone Number
			ORIGINAL DESCRIPTION OF THE PROPERTY OF THE PR
Enclosed is a check for t	the following amount:		≥ •
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	JNG ADDRESS: ration Section	STREET/COURIER A	DDRESS:
	on of Corporations	Division of Corporations	

P.O. Box 6327 Tallahassee, FL 32314

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FAN Stamp, L.L	C.
(Name of the Limited Limited (A Florida Limited	iny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>Lo8 00013923</u>	y were filed on <u>fully 7, 2008</u> and assigned
initial document manager	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited ligi	bility company here:
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	TAR ASS
(Mailing address MAY BE A POST OFFICE BOX)	T & 2 TH
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address he	ffice address on our records, enter the name of the new
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
<del></del>	, Florida 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

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

	Name	Address	Type of Action
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