LD8000025488

(Requestor's Name)				
(Address)				
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(Address)				
(City/State/Zip/Phone #)				
•				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
,				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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Office Use Only



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07/23/08--01013--015 **25.00

OR JUL 23 AM II: I

T. HAMPTON

JUL 2 4 2008

EXAMINER

COVER LETTER

Division of Cor	porations		
SUBJECT: ShoutVS	3		
SUBJECT.	(Name of Limi	ited Liability Company)	
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspo	ndence concerning this matter	to the following:	
	Kurt Besch		
	- Cart Besch	(Name of Person)	
	ShoutVS, LLC		
		(Firm/Company)	
	10633 Jumper Court		
		(Address)	
	New Portt Richey, FL 346	655	
		(City/State and Zip Code)	
For further information co	oncerning this matter, please ca	all:	
Kurt Besch		at (727) 859-4656	
(Name o	of Person)	(Area Code & Daytime T	elephone 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:

TO:

Registration Section

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



4619 Little Road, New Port Richey, FL 34655 Office: (727) 372-9918 Fax: (727) 375-8615

Dear Fr DOS-

Plane and the following 3 people to Short VS, CLC

measure. Please find enclosed the 125 Filing Fee and

Artiles of organization Amendment form.

My day time plane number is 727 375-865 727 859-4652

Please mail my letter of acknowledgement to:

KURT BESULT.

10633 JUMPER CT.

NEW PORT FICHER, FI

34655.

That you.

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

pany as it now appears of Liability Company) ny were filed on 3/11/08 ability company here:	
ability company here: mited Liability Company,	," the designation "LLC" or the abbreviation
mited Liability Company,	
mited Liability Company,	
mited Liability Company,	
	1A1 88 80
	<i>⊱</i> 131 W
	Z3 SSEE,
	2
	II: 16 TATE ORIDA
	records, enter the name of the ne
(Enter	r Florida street address)
(Cip.)	, Florida (Zip Code)
•	office address on our

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

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with

company has been notified in writing of this change.

New Registered Agent's Signature, if changing Registered Agent:

MGRN	= Man M = M	nager anaging Member		
<u>Title</u>	ι	<u>Name</u>	Address	Type of Action
MGR	•	Renae Besch	10633 Jumper Ct New Port Richey, FL 34655	Add Remove
MGR		Richard James	19506 Coachlight Way Lutz, FL 33549	Add Remove
MGR	-	Brenda James	19506 Coachlight Way Lutz, FL 33549	Add Remove
	·			Add Remove
	,			☐ Add ☐ Remove
				Add Remove
D. If a	mend	ing any other information, en	ter change(s) here: (Attach additional sheets, if nece	essary.)
				FILED 08 JUL 23 MIII: 16 SECRETARY OF STATE TALLAHASSEE, FLORIDA
Dated		1		

Filing Fee: \$25.00