## 108000040681

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,				
(City/State/Zip/Phone #)				
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(Document Number)				
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07/11/08--01016--019 \*\*25.00



T. HAMPTON

JUL 1 4 2008

**EXAMINER** 

## **COVER LETTER**

Division of Con	porations		
SUBJECT: Our Kig	ls To Yours LLC		;
		ited Liability Company)	,
The enclosed Articles of	Amendment and fee(s) are sub	emitted for filing.	
Please return all correspo	ondence concerning this matter	to the following:	
	Kim Gallo Van Balveren		
	<del></del>	(Name of Person)	•
	Our Kids To Yours LLC		·
	V	(Firm/Company)	
	4371 Northlake Blvd PN	AB 322	
		(Address)	
	Palm Beach Gardens, Fl		
		(City/State and Zip Code)	
For further information c	oncerning this matter, please o	all:	
Kim Gallo Van Balvere	ın ·	at (.561 ) 714-7755	
(Name	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for the	ne following amount:		
2 \$25.00 Filing Fee	Certificate of Status	Certified Copy (additional copy is enclosed)	Cl\$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

Registration Section

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

Our Kirls To Yours LLC

company has been notified in writing of this change.

(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records.) .iability Company)	
The Articles of Organization for this Limited Liability Company	were filed on 04/23/08	and assigned
Florida document number L08000040681		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	vility company here:	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," the designation "I	LC" or the abbreviation
		SEC. 30
Enter new principal offices address, if applicable:		E
(Principal office address MUST BE A STREET ADDRESS)		
		근일 로 디
Enter new mailing address, if applicable:		) 
(Mailing address MAY BE A POST OFFICE BOX)		27 DA
	·	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		he name of the new
Name of New Registered Agent:		· · · · · · · · · · · · · · · · · · ·
New Registered Office Address:	·	
	(Enter Florida street address) , Florida	
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agre the provisions of all statutes relative to the proper and compo accept the obligations of my position as registered agent as p being filed to merely reflect a change in the registered office	lete performance of my duties, and I d provided for in Chapter 608, F.S. Or,	m familiar with and if this document is

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Evergreen Venture Capitol LP	Beth Pearce 520 South Sea Lake Ln Ponte Vedra, Beach, FL 32082	Add Remove
			Add Remove
			Add Remove
	·		Add Remove
			Add
<del></del> ,			Add
D. If amendir	ng any other information, enter chang	e(s) here: (Attach additional sheets, if necess	181 180 180
			FILED JUL 11 PH CRETARY DE ST
Dated July 08	, 2008		I: 27
	Signature of a member	or authorized representative of a member	<del></del>
_	Kim Gallo	or printed name of signee	

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Filing Fee: \$25.00