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(1	Requestor's Name)			
(,	Address)			
(Address)	<u></u>		
	City/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL		
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(Document Number)				
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SECRETARY OF STATE

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COVER LETTER

TO: Registration S Division of Co				
SUBJECT:	Rate Yo	ur Demo, LLC.		
		ted Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
Please return all corresp	ondence concerning this matter	to the following:		
		Marcello Valenzano		
		Name of Person		
	F	Rate Your Demo, LLC		
		Firm/Company		
	14359	Miramar Parkway Suite 340		
		Address		
	N	liramar, Florida 33027		SEC SEC
		City/State and Zip Code		2
		ool@coolanddre.com to be used for future annual report notific	ation)	CRETARY
For further information	concerning this matter, please of	•	<i>.</i>	(1) ~ (1)
	D 34 I		140 0450	DF STATE
	cello Valenzano of Person	at (954) 4 Area Code & Daytime	49-3152 Telephone Number	
		·	·	
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified (e of Status &
	LING ADDRESS: tration Section	STREET/COURIE Registration Section		
regis	:	District and C	` 	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

!	Rate Your D	emo, LLC			_	
(Name of the Limited (A	<mark>Liability Compa</mark> Florida Limited L	ny as it now appear liability Company)	s on our records.)			
The Articles of Organization for this Limited Lia	ability Company	were filed on	6/23/2008	and a	assigned	i
Florida document number L08000061	100					
This amendment is submitted to amend the follo	wing:					
A. If amending name, enter the new name of	the limited liab	ility company her	2:			
	N/A	1				
The new name must be distinguishable and end with "L.L.C."	the words "Limi	ted Liability Compa	ny," the designation "I	LC" or th	ne abbrev	viation
Enter new principal offices address, if applica	ıble:	N/A	· · · · · · · · · · · · · · · · · · ·		D:-23	
(Principal office address MUST BE A STREE	T ADDRESS)			<u>≱SE</u>	34	
				> 28	<u> </u>	<u> </u>
				IAS	2	Junea File Transfer
Enter new mailing address, if applicable:		N/A		SEF	₩.	a Emilia
, 11		7	2			
Manufacture Manufa	2010				¥	 ,,,,,
					<u>(</u> (1)	
B. If amending the registered agent and/or registered agent and/or the new registered of			ur records, <u>enter t</u>	the name	e of the	e new
Name of New Registered Agent:	Marcello Va	llenzano				
New Registered Office Address:	14359 Mira	mar Parkway Sı	uite 340			
	Enter Florida street d		er Florida street add	tress		
		Miramar	, Florida	330	027	
		City		Zip Co	ode	
New Registered Agent's Signature, if changing R	egistered Agent:					

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 herefy 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, <u>enter the title</u>, <u>name</u>, <u>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>		<u>Address</u>	Type of Action
MGRM	Renida Tai-Val	enzano	14359 Miramar Parkway Suite 340 Miramar Florida 33027	Add ✓ Remove
				Add Remove
				Add Remove
				Add Remove
				Add Remove
				ALL Add Lee 21
	ding any other inform /A	ation, enter change(s) here: (Attach additional sheets, if necessary.)	RY OF STATE
_				
Dated	July 19	, 201		
	S	,	r authorized representative of a member	······································
			cello Valenzano printed name of signee	

Page 2 of 2

Filing Fee: \$25.00