LU8000 74626

	(Requestor's Name)	
·	(Address)	
-	(Address)	
********	(City/State/Zip/Phone #)	
	(Business Entity Name)	
	(Document Number)	
	Certificates of Status	
	Special Instructions to Filing Officer:	
	Office Use Only	
	Olling 220	



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B. KOHR 0CT 13 2008

EXAMINER



ACCOUNT NO. : 072100000032

REFERENCE: 755515 7672514

AUTHORIZATION _

COST LIMIT

ORDER DATE: October 13, 2008

ORDER TIME : 11:53 AM

ORDER NO. : 755515-005

CUSTOMER NO: 7672514

DOMESTIC AMENDMENT FILING

NAME: SHUTTER UP.COM, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Troy Todd -- EXT# 2940

EXAMINER'S INITIALS:

(Zip Code)

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	ン
SHUTTER UP.COM, LLC (Name of the Limited Liability Company as it now suppears on our records.)	
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)	i
The Articles of Organization for this Limited Liability Company were filed on	
Plorida document number <u>L0800007416a66</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability company here:	
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviat "L.L.C."	don
Enter new principal offices address, if applicable:	_
(Principal office address MUST BE A STREET ADDRESS)	_
	_
Enter new mailing address, if applicable:	_
(Mailing address MAY BE A POST OFFICE BOX)	-
	_
B. If amending the registered agent and/or registered office address on our records, enter the name of the negistered agent and/or the new registered office address here:	ew
Name of New Registered Agent:	_
New Registered Office Address:	_
(Enter Florida street address)	-
. Florida	

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)

MGR = Manager

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:

MGRM - Managing Member Type of Action <u>Address</u> Title <u>Name</u> STEVE MGR j∄ Add Remove Roberta Silberman MGR Remove DDA 🗖 Remove Add Remove DDA 🗀 Remove □ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Oct Dated Signature of a member or authorized representative of a member LARRY Silberman Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00