

L09000011681

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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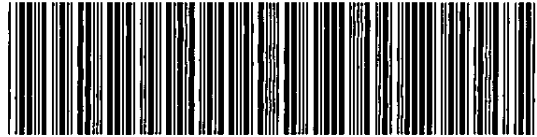
Special Instructions to Filing Officer:

A. LUNT

MAY 12 2009

EXAMINER

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05/11/09--01013--024 **50.00

2009 MAY 11 PM 3:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Inches AND POUNDS LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Scott Gosty LA
Name of Person

Inches AND POUNDS LLC
Firm/Company

1700 ARABIAN LANE
Address

Palm Harbor FL 34685
City/State and Zip Code

SGOTW@RX.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Scott Gosty LA at (727) 424-1447
Name of Person Area Code & Daytime 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)

☐ \$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

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**

INches And Pounds LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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The Articles of Organization for this Limited Liability Company were filed on 2-4-09 and assigned
Florida document number LO9000011691.

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 abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1700 ARABIAN LANE
Palm Harbor FL 34685

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1700 ARABIAN LANE
Palm Harbor FL 34685

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

SCOTT GOSTYLA

New Registered Office Address:

1700 ARABIAN LANE

Enter Florida street address

Palm Harbor, Florida FL 34685
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
MGRM = Managing Member


<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
<u>MGRM</u>	<u>SAM CALDWELL</u>	<u>1700 ARABIAN LANE</u> <u>PALM HARBOR FL 34685</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MBR</u>	<u>DEAN YANWELL</u>	<u>24500 US 19 N #102</u> <u>CLW FL 33763</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
<u>MGRM</u>	<u>SCOTT GOSTYL</u>	<u>1700 ARABIAN LANE</u> <u>PALM HARBOR FL 34685</u>	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove
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 TALLAHASSEE, FLORIDA
 SECRETARY OF STATE

FILED

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated MAY 6 2009



 Signature of a member or authorized representative of a member
SCOTT GOSTYL

 Typed or printed name of signee