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10 AUG 25 PH 2: 04
SUCKELARY OF STATE

COVER LETTER

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TO: Registration Section Division of Corporations
SUBJECT: Old Fashion Investing LLC. Name of Limited Liability Company
The Charge where an area constructed from the good by the construction of the
The enclosed Articles of Amendment and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Sandra P. Mathson Name of Person
Firm/Company
974 Greenwood Rd
Wester, T 33327 City/State and Zip Code
Smattsson@aol.com
ार्क प्रकारिक कर है के पहले के पूर्व के अनुसार का प्रकार के प्रका
For further information concerning this matter, please call:
Sandra Matteson: at 974, 695-3003 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$30.00 Filing Fee & Certificate of Status S55.00 Filing Fee & Certificate of Status Certificate of Status S60.00 Filing Fee, Certificate of Status & 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

FILED

·	OF	10 AUG 25 PM 2: 04
(Name of the Limited Liability (A Florida	Tnvestna ty Company as it now appears Limited Liability Company)	ON OUR PECONE LANY OF STATE ON OUR PECONDS.
The Articles of Organization for this Limited Liability Florida document number	Company were filed on <u>2</u> 6303	18 2009 and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here	:
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Compan	y," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office ad		r records, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	Ente	r 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 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 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 **Type of Action** <u>Address</u> **Title** <u>Name</u> Add Remove ☐ Add ☐ Remove Add Remove ∏Add ☐ Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00