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(Requestor's Name)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name). 😗 🤫
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B. KOHR

SEP 1 0 2009

**EXAMINER** 

## **COVER LETTER**

TO: <sub>,</sub>	Registration Se Division of Cou			•	
SUBJI	ECT:	Hang V	Vith Us L.L.C.		
00130			ited Liability Company		
The en	closed Articles of	Amendment and fee(s) are sul	bmitted for filing.		
Please	return all correspo	ondence concerning this matter	to the following:	•	
			John Gilbert		
-			Name of Person		92.0
			Hang With Us L.L.C.		15 6.
			Firm/Company		P- OFF
			998 Highway 196		O'SEP-9 AHIO: 20
			Address		# 10:
		•	Molino, Florida 32577		20
		<del> </del>	City/State and Zip Code	<del></del>	
		gill	pert_16009@msn.com to be used for future annual report notificat	ion	
For fur	ther information c	concerning this matter, please of	•	iion)	
	J	ohn Gilbert	at ( 850 ) 55	54-9123	
	Name o	of Person	Area Code & Daytime To	elephone Number	<del>_</del>
Enclos	ed is a check for the	he following amount:			·
\$25	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing F Certificate of Certified Cop (additional co	Status &
	Registr Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 3230	ons er Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



	rang with US L.L.C.		
(Name of the Limited L (A F	iability Company as it now appe lorida Limited Liability Company	ars on our records.)	
(			
The Articles of Organization for this Limited Liab	oility Company were filed on	March 27, 2009	and assigned
Florida document numberL09000300	29		
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	he limited liability company he	e <u>re</u> :	
	My Ad Worx L.L.C.		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Comp	oany," the designation "LL	.C" or the abbreviation
Enter new principal offices address, if applicab	ole:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:	1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1		
(Mailing address MAY BE A POST OFFICE BO	<u> </u>		
	•		
B. If amending the registered agent and/or registered agent and/or the new registered office		our records, enter th	e name of the new
registered agent and/or the new registered orno	te address here.		
Name of New Registered Agent:			
-	2		
New Registered Office Address:		nter Florida street addre	100
	E	mer Fioriaa sireet aaare	533
	Cit	, Florida	Zip Code
	Citv		zid Coae

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

<u> itle</u>	<u>Name</u>	Address	Type of Action
			Add
· ·		ı·	Add
<del> </del>			Add Remove
			∏Add
			Remove
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Page 2 of 2

Filing Fee: \$25.00