# 10900032351

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number) : Certified Copies Certificates of Status,					
Special Instructions to Filing Officer:					
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Office Use Only

S. HAWKES

JUN 1 6 2009

**EXAMINER** 

S. HAWKES

AUNG 2009

EXAMINER





June 5, 2009

JOSHUA MARSHALL PO BOX 18103 CLEARWATER, FL 33762

SUBJECT: XPUNGE.INFO LLC Ref. Number: L09000032351

We have received your document for XPUNGE.INFO LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Letter Number: 309A00018961

Suzanne Hawkes Regulatory Specialist II

Division of Corporations - P.O. ROX 6327 - Tallahassee Florida 32314

## **COVER LETTER**

TO:	Registration Section Division of Corporations
SUBJ ,	Name of Limited Liability Company
The e	nclosed Articles of Amendment and fee(s) are submitted for filing.
Please	e return all correspondence concerning this matter to the following:
	Joshua Marshall Name of Person
	Xpunce Into
	POBOX 18103 Address
	Clearyoter 41. 33765 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For fu	orther information concerning this matter, please call:
	Joshua Marshall at (727, 420 – 4730)  Name of Person Area Code & Daytime Telephone Number
Enclo	sed is a check for the following amount:
12 52 Alr Sl	25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{S60.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{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

(Name of the Limited Liability Compan (A Florida Limited L	y as il now appears on our records.)
The Articles of Organization for this Limited Liability Company Florida document numberLO9_COO_3335 \	11170 5 1
This amendment is submitted to amend the following:	53
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and end with the words "Limit "L.L.C."	ed Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)	2045 East Bay Drive. Largo, 71. 33771
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	PO Box 18103 Clw., 41 33762
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here	ice address on our records, enter the name of the new
Name of New Registered Agent:  New Registered Office Address:  2045	East Bay Drive Enter Florida street address
	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

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If amen	ding any other information, enter ch	ange(s) here: (Attach additional.	sheets, if necessary.)
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	/ Signature of a me	mber or authorized representative of	a member

Page 2 of 2

Filing Fee: \$25.00