L09000046303

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11/29/10--01028--021 **25.00



J. BRYAN

NOV 3 0 2010

EXAMINER

COVER LETTER

то:	Registration Section Division of Corporations	
SUBJE	Name of Limited Liability Company	
The en	closed Articles of Amendment and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	Marcus Carlbera Name of Person	
	Firm/Company Firm/Company G311 Porter Rd wit 1	
	Firm/Company 6311 Porter Rd unit 1 Address Sarasota FL 34240 City/State and Zip Code marcus C Stay dirt. com E-mail address: (to be used for future annual report notification))
For fur	ther information concerning this matter, please call:	
M	Name of Person at (201) 317 5659 Area Code & Daytime Telephone Number	
Enclos	ed is a check for the following amount:	
X \$25	5.00 Filing Fee \$\ S30.00 Filing Fee &	

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

Wax Actionwear	LO LLC	- 0 0 m	
(Name of the Limited Liability Co (A Florida Lim	mpany as it now apprinted Liability Compan	y)	
The Articles of Organization for this Limited Liability Com	pany were filed on _	05/15/2009 Grand assigned	
Florida document number <u>L090000 46303</u> .		5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5. 5	
This amendment is submitted to amend the following:		Of the second se	
A. If amending name, enter the new name of the limited	l liability company	<u>here</u> :	
WAXHAMMER ENTERPR	ISES LL	C	
The new name must be distinguishable and end with the words 'L.L.C."	"Limited Liability Cor	npany," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	6311	Porter Rd unit 1 ta, FL 34240	
<u>Principal office address MUST BE A STREET ADDRES</u>	SSI - Saraso	ta, FL 34240	
Enter new mailing address, if applicable:	500	as above	
(Mailing address MAY BE A POST OFFICE BOX)	Same	as above	
inumg address with BE 11 1 001 OF THE BON			
B. If amending the registered agent and/or registered registered agent and/or the new registered office address		n our records, enter the name of the new	
egister and agent water of the first register on other and the	<u>- 11010</u>		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter 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 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 = Mana MGRM = Mai	ger . naging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			AddRemove
D. If amendin	g any other information, enter ch	ange(s) here: (Attach additional sheets, if necessar	10 SE
			NOV 25 PH
Dated	, 23	<u>1010</u> .	PM 3:57 OF STATE EL FLORIDA
_	Marcus Carlbera	rped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00