## L09000046653

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

Office Use Only



700156815167

06/11/09--01033--016 \*\*30.00

09 JUN 11 AH 10: 29
SECRETARY OF STATE
SECRETARY OF STATE

## **COVER LETTER**

TO:	Registration S Division of Co	Section orporations			
SURII	· ECT:	Survive	& Thrive LLC		
5020			ited Liability Company		•
. '					
The en	oclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.		
Please	return all corresp	ondence concerning this matter	to the following:		
			George W. Hughes II		_
			Name of Person		
			Firm/Company		<del></del>
			1330 Hillside Dr.		_
Tar			Address		
			rpon Springs, FL 3468	39	_
			City/State and Zip Code		
		ghug E-mail address: (	hes6@tampabay.rr.c	om ort notification)	
For fu	rther information	concerning this matter, please o		,	
	Geor	ge W. Hughes II	at ( 813 )	210.1134	
Name of Person			Area Code &	Daytime Telephone Numb	er
Enclos	sed is a check for	the following amount:			
<b>\$25</b>	5.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is en	Certific nclosed) Certific	riling Fee, cate of Status & ed Copy onal copy is enclosed)
MAILING ADDRESS:		STREET/C	COURIER ADDRESS:		

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILE CO

09 JUN 11 AH 10: 29

Surv ( <u>Name of the Limited Liabili</u> (A Florida	rive & Thrive LLC ty Company as it now apper Limited Liability Company	ears on our record CRETARY DE STATE		
The Articles of Organization for this Limited Liability Florida document number	Company were filed on	May 13, 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 h	ere:		
Father a	and Son Survival LLC			
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Com	pany," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:	<del> </del>			
(Principal office address MUST BE A STREET ADD	RESS)	····		
Enter new mailing address, if applicable:	<u></u>			
(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		our records, enter the name of the new		
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 = Manager MGRM = Managing Member **Title** Name **Address Type of Action** ☐ Add Remove ☐ 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.) June 6th 2009 Dated \_\_ Signature of a member or authorized representative of a member

Page 2 of 2

George W. Hughes II
Typed or printed name of signee

Filing Fee: \$25.00