

L09000047545

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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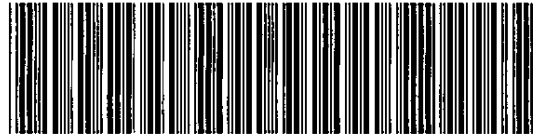
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A. LUNT

JUN 25 2009

EXAMINER

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2009 JUN 24 PM 2:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: WORK FROM HOME EXPO, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BRIAN S. RASSI

Name of Person

WORK FROM HOME EXPO, LLC

Firm/Company

8676 GRIFFIN ROAD

Address

COOPER CITY, FL 33328

City/State and Zip Code

BRIAN@WORKFROMHOMEEXPO.COM

E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

BRIAN S. RASSI

Name of Person

at (954)

272-5614

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, 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
OF**

WORK FROM HOME EXPO, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05/15/2009 and assigned
Florida document number L09000047545.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

8676 GRIFFIN ROAD

COOPER CITY, FL 33328

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

8676 GRIFFIN ROAD

COOPER CITY, FL 33328

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TALLAHASSEE, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: COREY M. SCLAR

New Registered Office Address: 8676 GRIFFIN ROAD

Enter Florida street address

COOPER CITY

City

, Florida

33328

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.

Corey M. Sclar
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

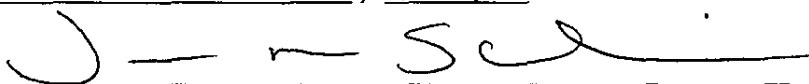
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	TOM CRABILL	1817 CAMEO CT. NW OLYMPIA, WA 98502	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	MICHAEL CARNEVALE	2257 LYNX AVE DAVIE, FL 33325	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	BRIAN S. RASSI	8676 GRIFFIN ROAD COOPER CITY, FL 33328	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	COREY M. SCLAR	8676 GRIFFIN ROAD COOPER CITY, FL 33328	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove

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TALLAHASSEE, FLORIDA

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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated JUNE 19th, 2009



Signature of a member or authorized representative of a member

JAMES M. SCHWINN SR

Typed or printed name of signee