## L0900055721

| , (Re                   | equestor's Name)                        | ,            |  |  |
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| - (Cit                  | ty/State/Zip/Phon                       | <u>a #1)</u> |  |  |
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| PICK-UP                 | <b></b> WAIT                            | MAIL         |  |  |
|                         |   |              |  |  |
| (Business Entity Name)  |   |              |  |  |
|                         | , ·                                     |              |  |  |
| (Document Number)       |   |              |  |  |
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| Certified Copies        | _ Certificate:                          | s of Status  |  |  |
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| Special Instructions to | Filing Officer:                         |              |  |  |
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Office Use Only



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D. BRUCE

JUN 1,8 2009

**EXAMINER** 

## **COVER LETTER**

| >  |   |   |
|--|---|---|
| TO: Registration Sec<br>Division of Corp |   |   |
| SUBJECT:                                 | Hand Sanitizer Store LLC  | _   |
|  | Name of Limited Liability Company   |   |
|  |   |   |
| The enclosed Articles of A               | Amendment and fee(s) are submitted for filing.                                    |   |
| Please return all correspon              | ndence concerning this matter to the following:                                   |   |
|  | Warren Persky Name of Person  | _   |
|  |   |   |
|  | Best Business Promotions Firm/Company   |   |
|  | • •   |   |
|  | 2629 NE 26th ter  | _   |
|  |   | TAL   |
|  | Lighthouse Point, FL 33064  City/State and Zip Code                               | ECSU<br>LAN   |
|  |   | IN I  |
|  | E-mail address: (to be used for future annual report notification)                | 7 A T   |
| For further information co               | oncerning this matter, please call:   | LED<br>1 MH 7: 09<br>YOF STATE<br>EE, FLORIDA                       |
| Warren                                   | TPerson at (954) 856-4253  Area Code & Daytime Telephone Numb                     | 09<br>IDA   |
| Name of                                  | Person Area Code & Daytime Telephone Numb   | er  |
|  |   |   |
| Enclosed is a check for the              | e following amount:   |   |
| \$25.00 Filing Fee                       | Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy | iling Fee,<br>cate of Status &<br>ed Copy<br>onal 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

| Hank Sanitizer St  | tore LLC   |  |
|--|--|--|
| (Name of the Limited Liability Com<br>(A Florida Limite  | npany as it now appears o<br>ed Liability Company) | n our records.)                            |
| The Articles of Organization for this Limited Liability Compa  | any were filed on $50$                             | and assigned                               |
| Florida document number <u>L0900055721</u> .   |  |  |
| This amendment is submitted to amend the following:  |  |  |
| A. If amending name, enter the new name of the limited !   | iability company here:                             |  |
| Best Business Promotio   | ins LLC  |  |
| The new name must be distinguishable and end with the words "L.L.C." $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$ | imited Liability Company,                          | "the designation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable:  |  | ·  |
| (Principal office address MUST BE A STREET ADDRESS)  | <u></u>  | O.G.                                       |
|  |  |  |
|  |  | AR   |
| Enter new mailing address, if applicable:  |  | mo A                                       |
| (Mailing address MAY BE A POST OFFICE BOX)   |  | 18.1                                       |
|  |  | 09   |
| B. If amending the registered agent and/or registered  |  | records, enter the name of the new         |
| registered agent and/or the new registered office address b  | <u>iere</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 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

| •             |                                       |   | Add Remove                      |
|---------------|---------------------------------------|---|---------------------------------|
| •             |                                       |   | Remove                          |
|               |                                       |   |                                 |
|               |                                       |   | Add Remove                      |
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|               |                                       |   | AddRemove                       |
|               |                                       |   | AddRemove                       |
| D. If amendin | ng any other information, enter chang | e(s) here: (Attach additional sheets, if necess | 09 JUN 17 SECRETARY C           |
|               |                                       |   | LED<br>17 AM 7:00<br>EE, FLORIE |
| Dated         | June 15 , 200                         | <del>۱</del>                                    |                                 |
| _             | Wan                                   | F. Clury  |                                 |
|               | Signature of a member Warre           | r or authorized representative of a member      |                                 |

Page 2 of 2

Filing Fee: \$25.00