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COVER LETTER

3.

TO:	Registration Section		A. William	
	Division of Corpora	ations		
SUBJ	IECT:	MakeYour	Difference LL	C
		Name of Lim	ited Liability Company	· · · · · ·
The e	nclosed Articles of Amo	endment and fee(s) are sub	mitted for filing.	
Please	e return all corresponder	nce concerning this matter	to the following:	
		Grea	Francis Name of Person	
	-		Name of Person	
	-	<u> </u>	Firm/Company	
	-	13 15 5	AUANNAH LN Address	
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		grea.fre	uncis @ team 50 K	Com
	_	E-mail address: (to be used for future annual report notif	fication)
For fu	irther information conce	erning this matter, please co	all:	
	, ,		aan 12a -	(40)
	Name of Per	son	at (989) 239 - Area Code Daytim	e Telephone Number
			,	· · · · · · · · · · · · · · · · · · ·
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Enclo	sed is a check for the fo	llowing amount:		
5 2 \$2	25.00 Filing Fec C	3 \$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

	e Your Difference LLC Liability Company as it now appears on our records.) Florida Limited Liability Company)	·
The Articles of Organization for this Limited Liabi Florida document number LO9000570		and assigned
This amendment is submitted to amend the following	ing:	
A. If amending name, enter the new name of the	e limited liability company here:	
The new name must be distinguishable and contain the words	s "Limited Liability Company," the designation "LLC" or the	abbreviation "L.L.C."
Enter new principal offices address, if applicable	e:	
(Principal office address MUST BE A STREET A	ADDRESS)	
		-
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
B. If amending the registered agent and/or registered agent and/or the new registered office	registered office address on our records, <u>ent</u> e <u>address here</u> :	er the jiame of the new
		TAR ASS
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street address	
	Enter Florida street daaress	
-	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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member Title <u>Name</u> **Address Type of Action** Gregory and Jacqueline
Francis Trust 1315 SAVANNAH LN MGR 🖪 Add WOODSTOCK, IL 60098 ☐ Change _□ Add ☐ Remove _□ Change ☐ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

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tive date, if other that frective date is listed, the date inserted in ment's effective date on	ate must be specific and cathries block does not me	annot be prior to date o	f filing or more autory filing re	than 90 days after	ional) er filing.) Pursua is date will no	nt to 60 t be lis
cord specifies a de 90th day after the		te, but not an e	fective tim	e, at 12:01	a.m. on the	earl
ı Joly 2	<u>.4</u>	2015				
	Signature of a po	ember or authorized re	oresentative of	a member		

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Filing Fee: \$25.00