# L09000088161

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NN JUL -2 AN II: 33 SEGMETARY OF STATE,

N. Guilligan JUL - 3 2014

#### **COVER LETTER**

TO:

Registration Section Division of Corporations

## PEOPLE MISTERS LLC

SUBJECT:

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:

**BRAD RITTER** 

Name of Person

PEOPLE MISTERS LLC

Firm/Company

1333 COLLEGE PKWY #166

Address

**GULF BREEZE FL 32563** 

City/State and Zip Code

GINA@MISTWORKS.NET

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

For further information concerning this matter, please call:

**GINA SALVATORE** 

<sub>...</sub>850 \203-1998

Name of Person

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

FILED 2014 JUL -2 AH II: 33

SEGGETARY OF STATE TALLAHASSEE, FLORIDA

PEOPLE MISTERS 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 Co	ompany were filed on 9/11/2009	and assigned
Florida document number L0900088161		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company here:	
WIDE OPEN 'N SIDEWAYS, LLC		
The new name must be distinguishable and end with the words "Lim	ited 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 ADDRI	ESS)	
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office address.		ter 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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M AMBR = A	authorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			☐ Remove
<u>.                                    </u>			□ Add
			Remove
			Remove
			Remove
			Add
			□ Remove
			□ Add
			□ Remove

it amending any owier informa	mon, enter change(s) here: (Anach dadinonal sheets, if necessary.)
·	
Effective date, if other than the (The effective date must be specific, cann the date this document is filed by the Fl	not be prior to date of receipt or filed date and cannot be more than 90 days after
Dated 6-27	2014
BIK	7. ——·
	Signature of a member or authorized representative of a member
Brad Ritter	
	Typed or printed name of signee

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Filing Fee: \$25.00

