#2090001138558

(Re	questor's Name)	
(Ad	dress)	· · ·
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(Cit	y/State/Zip/Phone	e #)
		MAIL
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(Do	cument Number)	<u> </u>
Certified Copies	_ Certificates	s of Status
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FILED' 12 JUN 29 PM 12: 14 SUGALIARY OF STATE IALLANASSEE, PLORIDA

K. SALY EXAMINER JUL 3 - 2012

۰ <u>,</u>	CC	OVER LETTER	
TO: Registration Secti Division of Corpo			
SUBJECT:	Third Hand Adam	Netwas I-l-C-	
NUBJECT:	Name of Limited	Victing LLC Liability Company	
The enclosed Articles of Ar	nendment and fee(s) are submi	tted for filing.	
Please return all correspond	ence concerning this matter to	the following:	
	Keyin	Downs	
		Downs Name of Person	
		Firm/Company	
	5725 Lau	e Washington Rd Address	
	Melbourn	FL 32434 City/State and Zip Code	
		23 @ Smcil.com c used for future annual report notificati	
For further information con-	cerning this matter, please call:		
Kevin i	Downs	at,(954) 234-808	
Name of P	erson	Area Code & Daytime To	elephone 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)
Registrati Division o P.O. Box	G ADDRESS: on Section of Corporations 6327 ee, FL 32314	STREET/COURIER Registration Section Division of Corporatio Clifton Building 2661 Executive Cente Tallabasson EL 32301	ons r Circle

ARTICLES OF A TO ARTICLES OF OF OF	RGANIZATION FILED 12 JUN 29 PM 12: 11.
TUIRD HAND MARKA (Name of the Limited Liability Company (A Florida Limited Liability Company)	ETING ILC STATE
The Articles of Organization for this Limited Liability Company v	vere filed on and assigned
Florida document number <u>L09000113858</u> .	
This amendment is submitted to amend the following: A. If amending name, <u>enter the new name of the limited liabili</u> The new name must be distinguishable and end with the words "Limite "L.L.C."	
Enter new principal offices address, if applicable:	5725 Loke Washington Rd
(Principal office address MUST BE A STREET ADDRESS)	Melbourn, FL 32934
Enter new mailing address, if applicable:	5725 Lake Washington Rd
(Mailing address MAY BE A POST OFFICE BOX)	Mulbourne, FL 32934
R . If amonding the registered agent and/or registered offi	an odduore on our upponde, enter the news of the new

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

New Registered Office Address:	<u>5725 Lake Washington Rd</u> Enter Florida street address	
	Melborre	, Florida <u>32934</u>
	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, <u>enter the title, name, and address of each Manager</u> or Managing Member being added or removed from our records:

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MGR = Manager MGRM = Managing Member

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<u>Title</u>	Name	Address	Type of Action
·			Add Remove
			Add Remove
			Add Remove
D. If amendia	ng any other information, enter change	(s) here: (Attach additional sheets, if necessary.)	_
			_
		······································	
Dated	June 18, 20		
-	Signature of a member e	Downs r printed name of signee	
	i yped o	Page 2 of 2	