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| equestor's Name) | |
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| ty/State/Zip/Phone | e #) |
| ☐ WAIT | MAIL. |
| isiness Entity Nar | ne) |
| ocument Number) | |
| _ Certificates | s of Status |
| Filing Officer: | |
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Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, I'LORION

JUN 0 8 2016 S. YOUNG

COVER LETTER

| TO: Registration Sec Division of Corp | | | | |
|--|--|---|---|-------------------------|
| AFFLUENT | TIALS LLC | | | |
| SUBJECT: | Name of Lim | ited Liability Company | | |
| The enclosed Articles of A | Amendment and fee(s) are sub | mitted for filing. | | |
| Please return all correspon | ndence concerning this matter | to the following: | | |
| | KARIN W. DAMORE | | | |
| | | Name of Person | | |
| | AFFLUENTIALS LLC | | | |
| | | Firm/Company | | نس |
| | 125 BRIGHTWATER DRIVE, UNIT #1 | | | SECRETARY TALLAHASSE |
| | - | Address | | 早题 |
| | CLEARWATER FL 3376 | 7 | | J SE |
| | · | City/State and Zip Code | | 至元 |
| | kwdamore@gmail.com | | | FLORISM H 1: 39 |
| | | to be used for future annual report notif | fication) | 10 |
| For further information co | ncerning this matter, please ca | all: | | |
| KARIN W. DAMORE | | 727 447-1676 at () | | |
| Name of | Person | | e Telephone Number | |
| Enclosed is a check for the | e 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 enclo | |
| • | | | | |

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

| AFFEUENTIALS LLC | | | | | |
|--|----------------------|---|---------------------------------------|-------------------|--|
| (Name of the Lim | (A Florida Limited | any as it now appears Liability Company) | s on our records.) | | |
| The Articles of Organization for this Limited I Florida document number L10000000881 | Liability Company | were filed on JAN | NUARY 5, 2010 | and assign | ed |
| This amendment is submitted to amend the fol | lowing: | | • | | |
| A. If amending name, enter the new name of | of the limited liab | oility company he | <u>re</u> : | | |
| The new name must be distinguishable and contain the | words "Limited Liabi | lity Company," the de | signation "LLC" or the ab | breviation "L.L.C | . 95 's |
| Enter new principal offices address, if appli | cable: | | | | P G |
| (Principal office address MUST BE A STRE | ET ADDRESS) | <u></u> | | <u></u> | EST. |
| | | | · · · · · · · · · · · · · · · · · · · | -1 | TO THE STATE OF TH |
| Enter new mailing address, if applicable: | | | | 至 | |
| (Mailing address MAY BE A POST OFFICE | BOX) | • | | | <u> </u> |
| B. If amending the registered agent and registered agent and/or the new registered o | | | our records, enter | the name of | the new |
| Name of New Registered Agent: | KARIN W. DA | AMORE | | | |
| New Registered Office Address: | | Enter Flori | da 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.

Af Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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

| <u>Title</u> | <u>Name</u> | Address | Type of Action |
|--------------|-----------------|------------------------|-----------------|
| MGRM | KARIN W. DAMORE | 125 BRIGHTWATER DRIVE, | = Add |
| | | UNIT #1 | □ Remove |
| | | CLEARWATER FL 33767 | □ Change |
| | | | ☐ Add |
| | | | Remover SECOND |
| | , | | ASSET IL |
| | | | Remove Remove |
| | | | □ Change |
| , | | · | □ Remove |
| | | | ☐ Change |
| | | | Add |
| | | | □ Remove |
| | | | ☐ Change |
| | | | □ Add |
| · | | - | Remove ☐ Change |

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| Fective date, if other the neffective date is listed, the stee: If the date inserted in cument's effective date of | n this block does not | meet the applical | o date of filing or n ble statutory filin | option (option ore than 90 days after for requirements, this | nal) iling.) Pursuant to 605.02 date will not be listed |
| record specifies a c The 90th day after t | | | an effective | time, at 12:01 a | .m. on the earlier |
| JUNE 1 | | 2016 | | | |
| | | | <u>-</u> ' | | |
| | <u> </u> | | | | |

Page 3 of 3

Filing Fee: \$25.00