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(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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N. Common FEB 1 9 2010

COVER LETTER

TO: Registration Division of	Section Corporations	٠,			
SUBJECT: Get Counted! LLC					
	Name of Lim	ited Liability Company			
The enclosed Articles	of Amendment and fee(s) are sul	bmitted for filing.			
Please return all corre	spondence concerning this matter	r to the following:			
		Shauna Coolican		_	
		Name of Person			
		Get Counted! LLC			
	***	Firm/Company			
		1629 S Lakeside Dr			
		Address		-	
	L	ake Worth, FL 33460		_	
		City/State and Zip Code			
	Sec	cretary@getcounted.us to be used for future annual repor	rt notification)		
For further information	on concerning this matter, please of	•	,		
s	hauna Coolican	at (_561)	568-0778		
Nam	ne of Person	Area Code & I	Daytime Telephone Number	टा -	
Enclosed is a check for	or the following amount:				
\$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is end	closed) Certifie	ate of Status &	

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

10 FEB 18 AM 11: 37

		- 10	un H · 2 l
	Get Counted! LLC	Scond Thay	AC CTARE
(Name of the Limited I	Liability Company as it now appea	rs on our records	F FLODINA
(A)	Get Counted! LLC Liability Company as it now appea Florida Limited Liability Company)		-, "LUKIDA
The Articles of Organization for this Limited Lia	bility Company were filed on	01/11/2010	and assigned
Florida document number L10000003	941		
Florida document number	•		
This amendment is submitted to amend the follow	wing:		
A. If amending name, enter the new name of	the limited liability company he	<u>re</u> :	
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Compa	any," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET	ADDRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A <u>POST OFFICE B</u>	eox)		
		_	
B. If amending the registered agent and/or		our records, <u>enter 1</u>	he name of the new
registered agent and/or the new registered offi	ice address nere:		
Name of New Registered Agent:			
New Registered Office Address:		·	
	Enter Florida street address		
		, Florida	
	City	, 1 101104	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 MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
MGRM	Shauna Coolican	1629 S Lakeside Dr Lake Worth, FL 33460	Add Remove
·····			Add Remove
			AddRemove
	****		Add Remove
	- 4 8/10		Add Remove
			Add Remove
		change(s) here: (Attach additional sheets, if necessar)	FILED 10 FEB 18 AM II SHUKE ARY OF SI
Dated	February 16	2010	7 7
	Signature of a n	nember or authorized representative of a member Annabeth Karson	
		Typed or printed name of signee	

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Filing Fee: \$25.00