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AUG-25 2010

EXAMINER



200184526962

08/23/10--01009--024 **25.00

10 AUG 23 PM 4: 07

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Members Coupan, Com LLC 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:
Arderick S Boetter Name of Person Memberscaupan.cam UC Firm/Company
memberscaupan.cam LC Firm/Company
2814 Miracle PKWY Address
Cape Caral FL 339/4 City/State and Zip Code Members Coupan @ 6 mail . Cam E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: $(239-229-2609)$
Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

· Memberscaus	pan. com LLC	, 			
(Name of the Limited Liability (A Florida L	Company as it now appears imited Liability Company)	on our records.)			
The Articles of Organization for this Limited Liability Co Florida document number <u>L\QQQQ\blace 125</u>	ompany were filed on2				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limit	ted liability company here:				
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Company	," the designation "LLC" or the abbreviation			
Enter new principal offices address, if applicable:		<u> </u>			
(Principal office address MUST BE A STREET ADDR	ESS)	2.5			
		6 23 PM			
Enter new mailing address, if applicable:		Garage Control			
(Mailing address MAY BE A POST OFFICE BOX)		9			
B. If amending the registered agent and/or registered agent and/or the new registered office addr Name of New Registered Agent:		r records, <u>enter the name of the new</u>			
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 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.

Free Company Boggio on the Agency Sugaran and Their Bogs were in the

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u> .	<u>Name</u>			Address			Type of Action
MCRI	M <u>M</u>	aynor A.	Alvarado	210 Bradent	3 RD St 21 7L 3	W Apt.# 120 4205	Add Remove
							Add Remove
							Add Remove
							Add Remove
							Add Remove
· · · · · · · · · · · · · · · · · · ·							Add Remove
D. If amo	ending any o	ther information,	enter change(s) here: (Attach ada	litional sheets,	if necessary.)	-
-							-
-	A1	29	701/	າ			<u>.</u> -
Dated	August	Signatur		authorized representa	ative of a member	er	
		Frederick	S. /o	Soether printed name of signs	ee		

Page 2 of 2

Filing Fee: \$25.00