0000016848

(Requestor's Name)
(Address)
(Addiese)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



200184092902

08/09/10--01052--001 **25.00

T. HAMPTON AUG 1 0 2010

COVER LETTER

TO: Registration Se Division of Cor	ction porations		•	
	Pub (Culture LLC		
SUBJECT:		ed Liability Company		
	Name of Little	eu Diability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
		Kevin O'Riordan		
in the second of		Name of Person		
		Pub Culture LLC		-
• • • •		Firm/Company		•
	3	349 Jacaranda Drive		•
	: .	Address		
•		•		
	Pla	intation Florida, 33324	·	
		City/State and Zip Code	•	
	•	iti34@aol.com	· ,	
	E-mail address: (t	o be used for future annual report	notification)	•
For further information co	oncerning this matter, please c	all:		·
Vou	rin O'Riordan	. 054 .	444-5250	•
Name o		at (954)	sytime Telephone Number	
Name o	1 T Graoti	Man Comp & St	.,	
Enclosed is a check for th	ne following amount:		و د اس ده سروي	
المنابقين المتنسي فيالشناويون		\$55.00 Filing Fee &	\$60.00 Fili	ng Roo
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy		e of Status &
• •	· ·	(additional copy is encl	osed) Certified	Сору
	,	•	(additions	al copy is enclosed)
,				
	*		•	
MATE I	ING ADDRESS:	STREET/CO	URIER ADDRESS:	₹.
	ation Section	Registration S		
Divisio	n of Corporations	- Division of Co	orporations	
	0x 6327	Clifton Buildi	ng /e Center Circle	
i aliana	issee, FL 32314	Tallahassee, F		-

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compan	
(A Florida Limited Li	ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number	were filed on February 12, 2010 and signs CRETA
This amendment is submitted to amend the following:	STATE OF THE PROPERTY OF THE P
A. If amending name, enter the new name of the limited liabil	or STATE OR AT 100 STATE OF ST
The new name must be distinguishable and end with the words "Limite" L.L.C."	ed Liability Company," the designation "LLC" or the abbeniation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered offi registered agent and/or the new registered office address here	
Name of New Registered Agent:	
New Registered Office Address:	
,	Enter Florida street address
	City , Florida 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

	•	Address .	Type of Action
MGR Kevin O'Riordan		349 Jacaranda Drive Plantation, Florida 33324	Add ✓ Remove
MGRM	. Kevin O'Riordan	349 Jacaranda Drive 33324	—. Add:
		Plantation Florida 33324	Remove
		**	Add Remove
	· ·		
			Add Remove
		· · · · · · · · · · · · · · · · · · ·	Add Remove
<u>· .</u>			Add Remove
D. If amendin	g any other information, enter change((s) here: (Attach additional sheets, if necessary.)	SECR NVISION
			FIL SECRETAR) ISION OF C 10 AUG -9
		•	OF STATE ORPORATION PH:1:59
			ATE ATTIONS
Dated	August 3 201	0	
	Signature of a member of	or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00