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**EXAMINER** 



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10/08/10--01013--017 \*\*25.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

## **COVER LETTER**

TO:	Registration Seeti Division of Corpo				
SUBJI	ECT:	CREATE Sym. Name of Limi	ART GOALS. COM, LL ted Liability Company	<u>c</u>	
The en	closed Articles of Ar	nendment and fee(s) are sub	omitted for filing.		
Please	return all correspond	ence concerning this matter	to the following:		
			RGE RODRIGUEZ Name of Person  GATESMOH LOALS.CO Firm/Company		
			502 CLUBSIDE DEIVE Address		
	TAMPA, FL. 33624  City/State and Zip Code  JORGERODE 1606272 CV66120N. NET  E-mail address: (to be used for future annual report notification)				
For fur	ther information con	cerning this matter, please c	all:		
Joegs Rodergu62 Name of Person			at (813) 265.9573  Area Code & Daytime Telephone Number		
Enclos	ed is a check for the	following amount:			
\$25	5.00 Filing Fee [	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
MAILING ADDRESS.		STREET/COURIER ADDRESS:			

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## 10 OCT -8 PM 2:49 ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION CREATESMART LOALS. COM (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) and assigned Florida document number L1000618518. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 13503 CREATESMORT BORIS, COM LLC Enter new principal offices address, if applicable: 13502 CLUBSIDE DRIVE (Principal office address MUST BE A STREET ADDRESS) TAMPA, FL 33624 CREATESMART boals.com LLC Enter new mailing address, if applicable: 13502 CLUBSIDE PRIVE (Mailing address MAY BE A POST OFFICE BOX) TAMPA, FL. 33624 B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: Jorge Rodniquez Name of New Registered Agent: 13502 CLUBSIDE DRIVE New Registered Office Address: Enter Florida street address TAMPA, Florida 33624

## 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 or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member **Type of Action** Title **Address** Name 2622 BONTELLEA BLUD PATRICK L RUMGEY JR MbR ☐ Add Remove VALRICO, FL. 33594 LOUISE BIANCHU 72 TAFT LANE Mbr ☐ Add Remove MORRISTOWN, NJ 67960 ☐ Add Remove Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated\_ Signature of a member of authorized representative of a member

Page 2 of 2

TONG ROPULO Typed or printed name of signee

Filing Fee: \$25.00