## 11000001928

(Requestor's Name)
·
(Address)
(Address)
(1441035)
(City/State/Zip/Phone #)
DICKUD DIVALE DIVALE
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Ontified Ontified
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
_

Office Use Only



400170918244

03/05/10--01006--005 \*\*25.00

10 MAR -5 PM 12: 29
SECRETARY OF STATE
TALLAHASSEE F. STATE

S. HAWKES

MAR 8 2010

**EXAMINER** 

## **COVER LETTER**

TO:

**Registration Section** 

Division o	f Corporations					
OUD IFOT	WWW \$30	BETHEL.COM LLC				
SUBJECT:		ited Liability Company				
The enclosed Artic	les of Amendment and fee(s) are sul	bmitted for filing.				
Please return all co	rrespondence concerning this matter	r to the following:				
		-				
		EDGARDO CAINS				
		Name of Person				
		Firm/Company				
	2156 CONTINENTAL ST					
		Address				
	SA	AINT CLOUD, FL 34769				
		City/State and Zip Code				
	E-mail address: (to be used for future annual report notification)					
For forther informs		•				
ror further informa	tion concerning this matter, please	can.				
	EDGARDO CAINS	at ( 407 ) 883-2539	<del> </del>			
N	lame of Person	Area Code & Daytime Telephone N	umber			
	for the following amount:					
\$25.00 Filing Fo	ee \$\[ \]\$30.00 Filing Fee & Certificate of Status	Certified Copy Ce (additional copy is enclosed) Ce	00 Filing Fee, rtificate of Status & rtified Copy ditional copy is enclosed)			
N	AAILING ADDRESS;	STREET/COURIER ADDRE	SS:			
	Registration Section Division of Corporations	Registration Section Division of Corporations				
P	.O. Box 6327	Clifton Building				
1	allahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301				

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

WWW.S30BETI					
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears	on our records.)			
(A Florida Ellined E	nabinty Company)		100 6		
The Articles of Organization for this Limited Liability Company	were filed on	02/19/2010	Cand		
Florida document number L10000019288	ida document number L10000019288				
			SST		
This amendment is submitted to amend the following:			Fig. 3		
<del>-</del>			TO THE		
A. If amending name, enter the new name of the limited liab	ility company here	:	The second second		
SLIM FAST I			7		
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Compar	ny," the designation	"LLC" or the abbreviation		
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)					
Enter new mailing address, if applicable:	P.O. BOX 450	-522			
(Mailing address MAY BE A POST OFFICE BOX)	KISSIMMEE,	FLORIDA 3474	15-0522		
,		<del></del>			
		···			
B. If amending the registered agent and/or registered of	Tice address on o	ur records, <u>ente</u>	r the name of the nev		
registered agent and/or the new registered office address her	<u>e</u> :				
Name of New Registered Agent:					
New Pagistared Office Address					
New Registered Office Address:  Enter Florida street address					
		F3 * * *			
<del>-110 · .</del>	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:

MGR = Ma MGRM = N	nnager Managing Member		PICH T
<u>Title</u>	<u>Name</u>	Address	Espe of Action
			T Alley C
			Removed
			AddRemove
			Add
			Add Remove
			Add Remove
			Add
		nter change(s) here: (Attach additional sheets, if nec	
_			
_ _			
<del></del>	W		
Dated	Marky	, ZDIO	
	Signature of	of a member or authorized representative of a member	
	Ed	Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00