L100000025863

(Requestor's Name)			
(Address)			
(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



100193914151

02/18/11--01006--025 **30.00

SECRETARY OF STATE OF CORPORATIONS

T. HAMPTON
FEB 2 1 2011
EXAMNER

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Indulge into Secentry L.L.C. 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:			
Jeanning WElkouf Name of Person Indulge into Seperation Firm/Company 3247 Nature Circle #108 Address City/State and Zip Code			
E-pail address: (to be used for future applual report notification)			
For further information concerning this matter, please call:			
Jeanne of Person at GM 536-1656 Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount: [] \$25.00 Filing Fee \$ 30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) [] \$60.00 Filing Fee, 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 TOARTICLES OF ORGANIZAT ed Liability Company as it now appears (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on Florida document number _ 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." 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 office address on our records, enter the name of the new registered agent and/or the new registered office address here:

	Citv	Zip Code
New Registered Office Address:		
	Enter Florida street address	
N. D 1007 A11		
Name of New Registered Agent:		

New Registered Agent's Signature, if changing Registered Agent:

Zip Code

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 = Manager

MGRM = Managing Member

<u>Title</u> Name <u>Address</u> **Type of Action** ☐ Add ☐ Remove ☐ Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Fp.b. 15 Signature of a member or authorized representative of a membel CANNING MCF Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00