

L1000003094

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

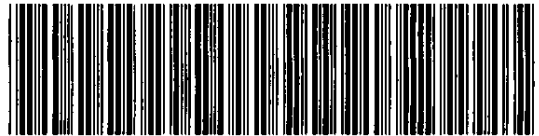
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G. MCLEOD

MAY 10 2010

EXAMINER



600180207476

05/05/10--01037--011 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAY -5 PM 12:41

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HCG POTION, 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:

DAVID CARDACI
Name of Person

HCG POTION, LLC.
Firm/Company

1517 NE 16TH AVE
Address

FORT LAUDERDALE, FL. 33304
City/State and Zip Code

David@theprocurer.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

DAVID CARDACI at (407) 230.8830
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$25.00 Filing Fee ☐ \$30.00 Filing Fee & Certificate of Status ☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$60.00 Filing Fee, Certificate of Status & 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

SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAY -5 PM 12:41

HCG POTION, LLC.
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 3/17/2010 and assigned
Florida document number 610000030094.

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)

1517 NE 16TH AVE.
FORT LAUDERDALE, FL 33304

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1517 NE 16TH AVE.
FORT LAUDERDALE, FL 33304

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:

Name of New Registered Agent:

DAVID CARDACI

New Registered Office Address:

1517 NE 16TH AVE

Enter Florida street address

FORT LAUDERDALE, Florida 33304
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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

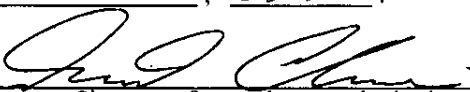
If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	DAVID CARDACI	1517 NE 16 TH AVE FORT LAUDERDALE, FL 33304	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	AJIT CHANNE	10088 NW 3 RD PLACE CORAL SPRINGS FL 33071	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	THE PROCURER	1517 NE 16 TH AVE FORT LAUDERDALE, FL 33304	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated MAY 3RD, 2010



Signature of a member or authorized representative of a member

DAVID CARDACI

Typed or printed name of signee