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SECRETARY OF STATE

# **COVER LETTER**

TO: Registration Section Division of Corpo	
SUBJECT: Four 1	Name of Limited Liability Company
	Name of Elimited Liability Company
The enclosed Articles of Ar	mendment and fee(s) are submitted for filing.
Please return all correspond	lence concerning this matter to the following:
	Reent A. Levison  Name of Person
	Four Nuts and a Lady, LLC Firm/Company
	Firm/Company
	sunger HoddA 81PB
	Address  Sulside, R 33157  City/State and Zip Code  brentlevison @ gmail. can
	City/State and Zip Code
	City/State and Zip Code    Complexison @ gmail.com   Complexison   Compl
	cerning this matter, please call:
Been A. T	erson at (30x) 308 - 0384  Area Code & Daytime Telephone Number
Name of P	erson Area Code & Daytime Telephone Number
Enclosed is a check for the	following amount:
\$25.00 Filing Fee	\$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  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

Four Nuts and a	Lady, LLC	
(Name of the Limited Liability Compa (A Florida Limited	ny as it now appears on our records. Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number \(\bigcup_100030400\).	y were filed on 3-19-10	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited lial	bility company here:	
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the designation	on "LLC" or the abbreviation
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADDRESS)		2010 AP
(Frincipui office duaress MOST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		75 S
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address he		er the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street	address
	, Florida	
	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.

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:

MGRM = Managing Member Title Title **Address Type of Action** <u>Name</u> MERM Steven N. Verona ☐ Add Remove WEK 🗖 Add Remove jessica L. Wiss ☐ Add Jessica L. Weiss MER Hoboth Add 🔀 Remove  $\bigcap Add$ □Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) April 2010 Dated MOD) of a member or althorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00



MGR = Manager