L10000046706

(Re	questor's Name)			
(Add	dress)			
(Ád	dress)			
(Cit	y/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nam	ne)		
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



100183419811

08/18/10--01806--004 **25.00



C. LEWIS

AUG 1 9 2010

EXAMINER

COVER LETTER

TO: Registration So Division of Co					
. t	D 455 L	•	•		
SUBJECT:		Breakdown, LLC			
	Name of Limi	ted Liability Company			
	Amendment and fee(s) are sub ondence concerning this matter	-			
		Hope Castelli			
	Name of Person				
		Firm/Company			
2525 68th Street West					
		Address			
Lehigh Acres, FL 33971 City/State and Zip Code					
	hoj	pecastelli@yahoo.com to be used for future annual report notification	nn)		
For further information of	concerning this matter, please c	, , , , ,			
Н	ope Castelli	_{at (} 239 ₎ 745	5-2160		
	of Person	Area Code & Daytime Tel			
Enclosed is a check for t	he 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)		
Regist	ING ADDRESS: ration Section on of Corporations	STREET/COURIER Registration Section Division of Corporation			

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 2010 AUG 18 AM 11: 42

	Beautiful Breakdown, LLC	SECRETA	ARY OF STATE
(Name of the Lim	Beautiful Breakdown, LLC ited Liability Company as it now appea (A Florida Limited Liability Company)	rs on our records. ATTA	SSEE, FLORIDA
The Articles of Organization for this Limite Florida document number L10000	d Liability Company were filed on		and assigned
rionda document number			
This amendment is submitted to amend the	following:		
A. If amending name, enter the new nam	e of the limited liability company he	<u>re</u> :	
	Down To Fall, LLC		
The new name must be distinguishable and end "L.L.C."	with the words "Limited Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if ap	plicable:		
(Principal office address MUST BE A STR	REET ADDRESS)		
	 .		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFI	CE BOX)		
			mand read Add Add Add Add Add Add Add Add Add A
B. If amending the registered agent a registered agent and/or the new registere		our records, <u>enter tl</u>	ie name of the new
Name of New Registered Agent:			
New Registered Office Address:		nter Florida street addr	
	157	nei 1 wiuu sii eel uuur	Cas
	City	, Florida	7in Code
	$\pm .mv$		zar Coae

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 MGRM Hope Castelli 2525 68th Street West ☐ Add ✓ Remove Lehigh Acres, FL 33971 Jesse Castelli MGRM 2525 68th Street West ✓ Add Remove Lehigh Acres, FL 33971 ☐ Add Remove ☐ Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) August 15 2010 Dated ____ Signature of a member or authorized representative of a member

Page 2 of 2

Hope Castelli
Typed or printed name of signee

Filing Fee: \$25.00