## L10000058019

(Requestor's Name)				
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(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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SECRETARY OF STATIONS
OF CORPORATIONS

N. Cumsun FEB 14 20114

## **COVER LETTER** -

TO:	Registration Sec Division of Corp			
SUBJI	ECT:	Footwark 4self	F Records LLC ed Liability Company	······································
The en	closed Articles of A	mendment and fee(s) are subr	nitted for filing.	
Please	return all correspon	dence concerning this matter t	o the following:	•
		Rya	Name of Person	
	•		Firm/Company	•
		15405	72nd Court Nort	h
			FL 33H70 Chy/State and Zip Code	
		E-mail address: (to	be used for future annual report notification	ancil con
For fur	ther information co	ncerning this matter, please ca	N:	
	Ryon Name of	Kolquist Person	at (501) 797-423 Area Code & Daytime T	27 elephone Number
Enclose	ed is a check for the	following amount:		
<b>\$</b> 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)

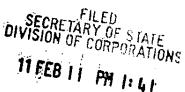
**MAILING ADDRESS:** 

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



Footwark4		<u>ات</u>
( <u>Name of the Limited Liabil</u> (A Florid	lity Company as it now appears o a Limited Liability Company)	<u>n our records.</u> )
The Articles of Organization for this Limited Liability	Company were filed on5	28 2010 and assigned
Florida document numberL   00000580	<u>9</u>	•
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and end with the w "L.L.C."	words "Limited Liability Company,	" the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac		records, enter the name of the new
	<del></del>	
Name of New Registered Agent:		
New Registered Office Address:	Fintor	Florida street address
	Enter	
	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 = Manager

MGRM = Managing Member **Title Address Type of Action** Name MGRM Remove Remove ∏Add Remove  $\prod$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) February Signature of a member or authorized representative of a member Ryan Kolquish
Typed or printed name of signee

Page 2 of 2

**Filing Fee: \$25.00**