

LID 000059799

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

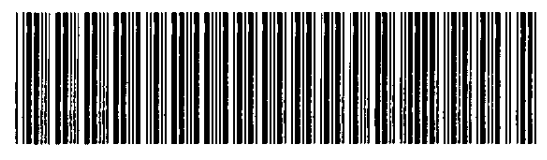
Special Instructions to Filing Officer:

Office Use Only

G. MCLEOD

MAY 26 2011

EXAMINER



000206958880

05/02/11--01047--013 \*\*25.00

*Name + Number Must Match*

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11 MAY 25 PM 12:21

FILED

**FREUND, KATZ, GOLDSTON, YOUNG & CO., P.A.  
CERTIFIED PUBLIC ACCOUNTANTS  
3111 N. UNIVERSITY DRIVE, SUITE 720  
CORAL SPRINGS, FLORIDA 33065**

**MEMORANDUM**

**TO: Gina Mcleod**

**FROM: PS I HATE YOU .COM LLC**

**DATE: 05-23-2011**

**RE: Name on Articles of Amendment page 1 corrected.**

Gina,

As per our conversation on May 23, 2011 enclosed please find paperwork correcting PS I HATE YOU. COM LLC document # L10000059799 name to match Cover Letter & Articles of Amendment (as it appears on our records). If you need further assistance contact our office 954-345-8666. Thanking you advance for your attention to this matter.

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: PS I HATE YOU .COM 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:

**RICK MCDONALD**  
Name of Person

**Firm/Company**

**704 S FEDERAL HIGHWAY**  
Address

**DEERFIELD BEACH FL 33441**  
City/State and Zip Code

**MKATZ@TAX-DOCTOR.NET**  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**MITCHELL KATZ** at ( **954** ) **345-8666**  
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

PS I HATE YOU .COM 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 6/03/2010 and assigned  
Florida document number L10000059799.

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)

FILED  
11 MAY 25 PM 2:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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:**

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:

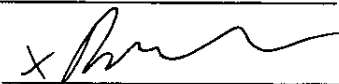
MGR = Manager  
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	JUSTIN RICHARDSON	704 S FEDERAL HIGHWAY DEERFIELD BEACH FL 33441	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	MARTIN FERKO	704 S FEDERAL HIGHWAY DEERFIELD BEACH FL 33441	<input checked="" type="checkbox"/> Add <input 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
_____	_____	_____	<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Dated \_\_\_\_\_, \_\_\_\_\_.



Signature of a member or authorized representative of a member

RICK MCDONALD

Typed or printed name of signee