10000064971

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
-					
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B. KOHR AUG - 2 2010 EXAMINER



CORPORATION SERVICE COMPANY				10 BUS OF STATE
	ACCOUNT NO.	: I200000	00195	· 2 600
	REFERENCE	: 465551	7781394	A CALLO
	AUTHORIZATION	Sould be		<b>53</b> 8
	COST LIMIT	: 0\$ 25.00	enan	
ORDER DATE :	August 2, 2010			
ORDER TIME :	11:49 AM			
ORDER NO. :	465551-005			
CUSTOMER NO:	7781394			

## DOMESTIC AMENDMENT FILING

NAME: INKFREAKZ, LLC

XX ARTICLES OF AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_ \_\_ \_. ..

XX PLAIN STAMPED COPY

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CONTACT PERSON: Kimberly Moret -- EXT# 2949

EXAMINER'S INITIALS:

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07/25/2010 15:02 9547811941	PAR ASE				
	PACE B3GE				
	2 920-C				
ARTIC	LES OF AMENDMENT				
ARTICL	ES OF ORGANIZATION				
	OF 23 0				
I (Nanie of the Limited Link (A Flor	NKFRBAKZ, LLC Dility Company as it now appears on our records.) Ida Limited Liability Company)				
The Articles of Organization for this Limited Liabili	ity Company wore filed on $\frac{\psi}{17}$ $\frac{200}{200}$ and assigned				
Florida document number L10000064971					
This amendment is submitted to amend the following	g:				
A. If amending name, <u>enter the new name of the</u>	limited llability company here:				
The new name must be distinguishable and and with the "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 AL	DRESS)				
Prisenne mailing address if a priturble					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)					
Landing Mary Son Dersy, 202 Try, 201 A., CI 2. C. S. C. B. C. M.					
B. If amending the registered agent and/or re registered agent and/or the new registered office a	gistered office address on our records, <u>enter the name of the new</u> address here:				
Name of New Registered Agent:					
New Registered Office Address:					
(Enter Florida streat addross)					
	, Flórida				
	(City) (Zip Code)				
New Registered Agent's Signature. If changing Regist	eren Agont:				
the provisions of all statutes relative to the proper accept the obligations of my position as registered	ent and agree to act in this capacity. I further agree to comply with r and complete performance of my dutles, and I am familiar with and d agent as provided for in Chapter 608, F.S. Or, if this document is tered office address, I hereby confirm that the limited llability ge.				

(If Changing Registered Agent, Signature of New Registered Agent)

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Page 1 of 2

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PAGE 04

If amonding the Managers or Managing Members on our records, <u>eater the litle, name, and address of each Manager</u> or Managing Member being added or removed from our records:

## MGR = Manager MGRM = Managing Member

Tille	Name	Address	Type of Action
MGRM	JEFFREY A. GLASSER	12314 MELROSE WAY BOCA RATON EL 33428	Add Remove
MORM_	CELIA R. GLASSER	12314 MELROSE WAY BOCA RATON FL 33428	Add Remove
<b></b>			Add Remove
			Add Remove
·			Add Remove
			Add Remove
D. If amendin	g any other information, enter change(s	a) herc: (Attach additional sheets, (f necessary.)	_
·			-
Dated )-2	9-2012		

Signature of a member or authorized representative of a member GISSE Typed or printed name of signes \*\*\*\*\* Page 2 of 2

Filing Fee: \$25.00