		Florida Department of State Division of Corporations Electronic Filing Cover Sheet	
Not	e: Please p	int this page and use it as a cover sheet. Type the fax a below) on the top and bottom of all pages of the docume	
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	То:	Division of Corporations Fax Number : (850)617-6383	and a c
	From:	Account Name : LEGALZOOM.COM INC. Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323)962-3889	2014 AUG - SEGRETA TALLAHAS
* **		Fax Number : (323)962-3889 email address for this business entity to be u report mailings. Enter only one email address	please.**
, ,	Email	Address:	LORID STATE
	LL	C AMND/RESTATE/CORRECT OR M/MG R ELIBS.COM, LLC	
		Certificate of Status 0	
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RECEIVED	OF S F.FL	Estimated Charge \$55.00	AUG - 5 20

	I	
. I		
	COVER LETTER	
TO: Registration Section Division of Corporations		
SUBJECT: ELIBS.COM, LLC		
	(Name of Limited Liability Company)	
The enclosed Articles of Amendment a	and feo(s) are submitted for filing.	
Please return all correspondence conce	rning this matter to the following:	
Tony Bu		
	(Name of Person)	NE SE
Legalzo	om.com, Inc.	
	(Firm/Company)	FILLAHASSE
7083 H	blywood Blvd., Suite 180	
<u></u>	(Address)	2 · · · · · · · · · · · · · · · · · · ·
Los Ang	jeles, CA 90028	97 W
	(City/State and Zip Code)	
For further information concerning this	s matter, please call:	

Tony Burroughs

Page 2 of 4

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To: • . .

(Name of Person)

at (323) 962-8600

8/3/2010 4:50:24 PM PDT

(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)

1-323-962-8300 From: Katherine DePangher

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

age 3 of 4	8/3/2010 4:50:24 PM PDT 1-32:	3-962-8300	From: Katherine DePa	
	· ···	£	<u>, , , , , , , , , , , , , , , , , , , </u>	
. ;				
	ARTICLES OF AMENDMENT			
	ТО			
	ARTICLES OF ORGANIZATION			
•	OF.			
FURS	OM, LLC			
<u>LLIDO.C</u>	(Name of the Limited Liability Company as it now appears on our re (A Florida Limited Liability Company)	ards.)		
The Articles of Organiza	ation for this Limited Liability Company were filed on 07/15/2010		and assigned	
Florida document numb	er <u>1.10000074674</u>			
			JS B	
This amendment is subn	nitted to amend the following:			
۱.	-		ANG ANG	
A. If amending name.	enter the new name of the limited liability company here:		ASA -	
······································	THE DIVENT PURCHASE AND THE REAL PROPERTY AND A		G -4 A	
The new name must be di	stinguishable and end with the words "Limited Liability Company," the des	ignation #1		
"L.L.C."	sunguishame and end whit me words "Elimitica Elabitity Company," are des	RUMMON 13		
			RID	
B. If amending the	registered agent and/or registered office address on our record:	s. enter ti	1.00	
	the new registered office address here:	· ·		
Name of New	Registered Agent:	• • • • • • • • • • • • • • • • • • •		
New Registere	d Office Address:	etreet odd	Porel	
		(Enter Florida street address)		
	(<i>City</i>)	lorida	(Zip Code)	
	1×11/			

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)

To: Page 4 of 4

1-323-962-8300 From: Katherine DePangher

1

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

1

<u>Title</u>	Name	Address	Type of Action				
			Add Remove				
			Add Remove				
			Add 2(1) Remove				
			Add Remove				
	»	r					
			Add Remove				
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Article II: The street and the mailing address of the LLC shall be:							
	912 Pine Drive, Suite #109, Pomp						
		· · · · · · · · · · · · · · · · · · ·					
Dated	7-27-12 Mrg (
	Matt Hoffman, managing mem	mber or authorized representative of a member ber yped or printed name of signee					
Page 2 of 2							

Filing Fee: \$25.00