L10000075476

(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	? #)
PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

	ion of Corporations				
SUBJECT	Shareclimb, LLC				
	Name of Limited Liability Company				
The enclose	Articles of Amendment and fee(s) are submitted for filing.				
Please retur	all correspondence concerning this matter to the following:				
	Salem Hassan Name of Person				
	Name of Person				
	Shareclimb, LLC Firm/Company				
	гинисоправу				
	8074 Green Glade Rd Address				
	Address				
Jacksonville, FI 32256					
	City/State and Zip Code salem@yippiebates.com				
	E-mail address: (to be used for future annual report notification)				
For further i	ormation concerning this matter, please call:				
	Salem Hassan at (904) 206-2244				
	Name of Person Area Code & Daytime Telephone Number				
Enclosed is	heck for the following amount:				
√ \$25.00 F	Solution from the status of Status (additional copy is enclosed) \$55.00 Filing Fee & Securificate of Status (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



			'''≉'',∪8
SI	hareclimb, LLC		
(Name of the Limited Liabili	ity Company as it now appear a Limited Liability Company)	rs on our records.)	
(A Florida	a Limited Liability Company)	1	
The Articles of Organization for this Limited Liability	Company were filed on	07/19/2010	and assigned
Florida document number L10000075476	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lir	nited liability company her	<u>·e</u> :	
	ppiebates, LLC		
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liability Compa	uny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADD	RESS)		
			
Enter new mailing address, if applicable:			
• • • •			
Mailing address MAY BE A POST OFFICE BOX)	·		
		····	
B. If amending the registered agent and/or regi registered agent and/or the new registered office ad		our records, <u>enter t</u>	he name of the ne
News CN - Parison I As a			
Name of New Registered Agent:			
New Registered Office Address:			
	En	ter Florida street addi	ess
		, 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 = Ma MGRM = M	nager Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
	· · · · · · · · · · · · · · · · · · ·		Add Remove
			Add Remove
			Add Remove
D. If amend	Signature of a member	ge(s) here: (Attach additional sheets, if necessary.)	SECRETARY OF STATE OF VISION OF CORRESPANDES TO JUN 17 PM 2: 08
	Typed	or printed name of signee	

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Filing Fee: \$25.00