L10000093161

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DIVISION OF CORPORATIONS

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COVER LETTER

Division of Corp	orations					
SUBJECT:	Numbers	s By Sarah, LLC				
SUBJECT.		ited Liability Company				
The enclosed Articles of A	amendment and fee(s) are sui	bmitted for filing.				
Please return all correspon	dence concerning this matter	r to the following:				
	Sarah Suther					
		Name of Person				
	Numbers By Sarah, LLC Firm/Company					
		899 NE 30th St Address				
	Oa	akland Park, FL 33334				
	num	City/State and Zip Code bersbysarah@gmail.cor	m			
	E-mail address: (to be used for future annual report	notification)			
For further information co	ncerning this matter, please	call:				
Sa	rah Suther	at (786_)	718-7670			
Name of	Person	Area Code & Da	aytime Telephone Number			
Enclosed is a check for the	e following amount:					
₹ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is encl		of Status &		
MAILI	NG ADDRESS:	STREET/CO	URIER ADDRESS:			

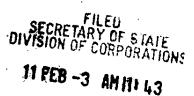
Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO?

· Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



Numl	pers By Sarah, LLC		<u>.</u>	
(<u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears la Limited Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liability	Company were filed on	9/07/2010	and assigned	
Florida document number L10000093161	·			
This amendment is submitted to amend the following	:			
A. If amending name, enter the new name of the li	imited liability company here	:		
The new name must be distinguishable and end with the v "L.L.C."		ny," the designation "LL	C" or the abbreviation	
Enter new principal offices address, if applicable:	!			
(Principal office address MUST BE A STREET AD	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		ur records, <u>enter th</u>	e name of the new	
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
		, Florida	5 . 6. 1	
	Citv		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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Frankie Serrano	899 NE 30th Street Oakland Park, FL 33334	Add Remove
			Add Remove
			Add Remove
······································			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter c	hange(s) here: (Attach additional sheets, if necessary.)	, •
			SECRETARY OF STATE VISION OF CORPORATION OF CORPORA
Dated	January 31	2011 .	ATIONS
	-	mber or authorized representative of a member Sarah Suther	
	Т	yped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00