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Special Instructions to	Filing Officer:	
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Office Use Only



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K. SALY EXAMINER

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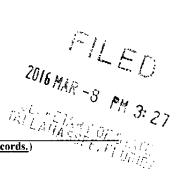
## **COVER LETTER**

	egistration Sect ivision of Corpo				
CUBICA		FACETS, LLC			
SORTECT	SUBJECT: Name of Limited Liability Company				
The enclos	ed Articles of A	mendment and fee(s) are sub	mitted for filing.		
Please retu	rn all correspond	dence concerning this matter	to the following:		
		Robert D. Kyle			
			Name of Person	<del></del>	
		LitLogic, LLC			
		122	Firm/Company		
		5960 7th Avenue W			
			Address		
		Bradenton, FL 34209			
			City/State and Zip Code	<del> </del>	
		robert.kyle@litlogic.com			
		E-mail address: (	to be used for future annual report	notification)	
For further	information cor	cerning this matter, please ca	all:		
Robert D I	Kyle		770 656-4493	l	
	Name of I	Person	Area Code Day	time Telephone Number	
Enclosed is	s 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



IMPERIAL FACETS. 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 C	Company were filed on 09/13/2010	and assigned
Florida document number L10000095169	<u>_</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ited liability company here:	
LitLogic, LLC		
The new name must be distinguishable and contain the words "Lim	ited 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 ADDR	RESS)	
	•••	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or regis		s, enter the name of the new
registered agent and/or the new registered office add	ress nere:	
Name of Nam Basintonal Accepts		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street addres	SS
		orida
	City	Zip Code
No. Designation of Association of the state	J A	

## 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 605, 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	mending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being emoved from our records:		person being added	
MGR = Ma			2015 MAR -8 PM 3: 27 ALLAHASSEE, FINE ON	
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ective date, if other than	the date of filing:	(optional)
te: If the date inserted in th	is block does not meet the applicable state	filing or more than 90 days after filing.) Pursuant to 605.020 atory filing requirements, this date will not be listed a
cument's effective date on the	he Department of State's records.	
record appointed a dela	avad affactive data, but not an of	factive time at 12,01 a.m. on the continu
he 90th day after the		fective time, at 12:01 a.m. on the earlier
ed March 4	<b>2</b> 016	
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Typed or printed name of signee

Filing Fee: \$25.00