

L100000101384

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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CLERK OF STATE  
TALLAHASSEE FLORIDA

APR 03 2014  
D. BRUCE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 24, 2014

JAMES CHIRILLO  
24 CHOCTAW TRAIL  
ORMOND BEACH, FL 32174

SUBJECT: UFLIRTS, LLC  
Ref. Number: L10000101384

We have received your document for UFLIRTS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 714A00004083

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DEPARTMENT OF STATE

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: UFLIRTS LLC**

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

**James Chirillo**

Name of Person

**Uflirts LLC**

Firm/Company

**24 Choctaw trail**

Address

**ORMOND BEACH, FL 32174**

City/State and Zip Code

**bastianmedia@gmail.com**

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

**James Chirillo**

Name of Person

**at (386) 871-9037**

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)

**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

CLERK OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**UFLIRTS 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 Company were filed on 09/27/2010 and assigned  
Florida document number L10000101384.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

The new name must be distinguishable and end with the words "Limited 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 ADDRESS)**

24 Choctaw trail

ORMOND BEACH, FL 32174

Enter new mailing address, if applicable:

**(Mailing address MAY BE A POST OFFICE BOX)**

24 Choctaw trail

ORMOND BEACH, FL 32174

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

James Chirillo

New Registered Office Address:

24 Choctaw trail

Enter Florida street address

ORMOND BEACH

Florida FL

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 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 the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>  | <u>Address</u>            | <u>Type of Action</u>                      |
|--------------|--------------|---------------------------|--|
| MGRM         | MOTLEY MEDIA | 2665 N. ATLANTIC AVE #311 | <input type="checkbox"/> Add               |
|              |              | DAYTONA BEACH, FL 32118   | <input checked="" type="checkbox"/> Remove |
|              |              |                           |  |
|              |              |                           | <input type="checkbox"/> Add               |
|              |              |                           | <input type="checkbox"/> Remove            |
|              |              |                           |  |
|              |              |                           | <input type="checkbox"/> Add               |
|              |              |                           | <input type="checkbox"/> Remove            |
|              |              |                           |  |
|              |              |                           | <input type="checkbox"/> Add               |
|              |              |                           | <input type="checkbox"/> Remove            |
|              |              |                           |  |
|              |              |                           | <input type="checkbox"/> Add               |
|              |              |                           | <input type="checkbox"/> Remove            |
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|              |              |                           | <input type="checkbox"/> Remove            |
|              |              |                           |  |

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CLERK OF DISTRICT COURT

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

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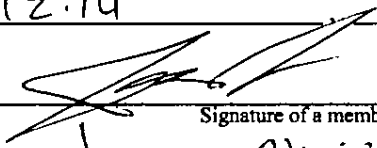
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E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated 2.12.14

  
\_\_\_\_\_  
Signature of a member or authorized representative of a member  
JAMES CHIZILLO  
\_\_\_\_\_  
Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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