L10000103822

| (Re | equestor's Name) | |
|---|--------------------|-----------|
| (Ac | idress) | |
| · (Ac | idress) | |
| (Ci | ty/State/Zip/Phone | ÷#) |
| PICK-UP | ☐ WAIT | MAIL |
| (Ві | usiness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to Filing Officer: | | |
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SECRETARY OF STATE SECRETARY OF CORPORATIONS OF CORPORATIONS

SEP 1 8 2012 EXAMINER

COVER LETTER

| (4) | | TI OT 0040 I I O | | |
|-----------------------------|--|--|--|--|
| SUBJECT: | | LOT 2010 LLC | | |
| | Name of Lim | ited Liability Company | | |
| The enclosed Articles | of Amendment and fee(s) are su | bmitted for filing. | | |
| Please return all corre | spondence concerning this matte | er to the following: | | |
| | | SHULGIN, NIKOLAY | | |
| | | Name of Person | | |
| | SHU | LGIN MANAGEMENT INC | | |
| | | Firm/Company | | |
| | | P O BOX 3457 | | |
| | | Address | | |
| | | SEMINOLE, FL 33775 | | |
| | | City/State and Zip Code | | |
| | E-mail address: | best.pro@live.com (to be used for future annual report notification) | | |
| For further informatio | n concerning this matter, please | call: | | |
| SHU | JLGIN, NIKOLAY | at (727) 686-1481 | | |
| Nam | e of Person | Area Code & Daytime Telephone Number | | |
| Enclosed is a check fo | r the following amount: | | | |
| ₹ \$25.00 Filing Fee | \$30.00 Filing Fee & Certificate of Status | S55.00 Filing Fee & S60.00 Filing Fee, Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) | | |
| Reg Divi P.O. | ILING ADDRESS: istration Section sion of Corporations Box 6327 ahassee, 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



2012 SEP 17 PM 3: 08

| (3) | SPAMELOT | | | |
|--|---------------------|---|--|----------|
| (<u>Name of the Limited</u> | A Florida Limited L | ny as it now appea Liability Company) | rs on our records.) | |
| The Articles of Organization for this Limited L Florida document numberL1000010 | | were filed on | 10/05/2010 and assigned | |
| This amendment is submitted to amend the following | owing: | | | |
| A. If amending name, enter the new name of | f the limited liab | ility company he | <u>re</u> : | |
| | n/a | | | |
| The new name must be distinguishable and end wi"L.L.C." | th the words "Limi | ted Liability Comp | any," the designation "LLC" or the abbrevi | ation |
| Enter new principal offices address, if applie | able: | n/a | | <u>.</u> |
| (Principal office address MUST BE A STREE | ET ADDRESS) | | | |
| | | | | |
| Enter new mailing address, if applicable: | | n/a | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | | | |
| | | | | |
| B. If amending the registered agent and registered agent and/or the new registered o | | | our records, enter the name of the | new |
| Name of New Registered Agent: | n/a | | | |
| New Registered Office Address: | | | | |
| • | | Er | nter Florida street address | |
| | . Florida | | | |
| | | City | , Florida 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, <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> **Type of Action** <u>Name</u> **Address** MGR MONEY TREE USA LLC 7985 113TH STREET, UNIT # 212 ✓ Add SEMINOLE FL 33772 US Remove ☐ Add Remove ☐ Add Remove ☐ Add Remove □Add Remove $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) SEPTEMBER 13 Dated Signature of a member of authorized representative of a member

Typed or printed name of signee
Page 2 of 2

SHULGIN, NIKOLAY

Filing Fee: \$25.00