L10000116997

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EXAMINER

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COVER LETTER

TO:

TO: Registration Division of	i Section Corporations							
SUBJECT:	MyFlare	For Android, LLC						
		nited 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:						
		Barry E. Haìmo						
		Name of Person						
	My	Flare For Android, LLC						
	-	Firm/Company						
		PO BOX 11279						
		Address	· · · · · · · · · · · · · · · · · · ·	3	DE(7		
	Fo	PO BOX 11279 Address Fort Lauderdale FL 33339						
		City/State and Zip Code	·		70	'n		
	barry	@myflareapplication.cor	m	(10년) 120년 140년	温 # 01	V.		
For further informatio	n concerning this matter, please	to be used for future annual report of the call:	notification)		<u> </u>			
E	Barry E. Haimo	at (954)	599-7483					
Nam	e of Person		ytime Telephone Nun	iber				
Enclosed is a check fo	r the following amount:							
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	Certifosed) Certif	Filing Fee, icate of Sta fied Copy ional copy	itus &	osed)		
Regi Divi P.O.	ILING ADDRESS: istration Section sion of Corporations Box 6327 ahassee, FL 32314	STREET/COU Registration Se Division of Con Clifton Buildin 2661 Executive Tallahassee, FL	rporations g e Center Circle	:				

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MyFl (<u>Name of the Limited Liab</u> (A Flor	are For A pility Compa ida Limited I	Android, LLC ny as it now appears on o liability Company)	ur records.)		
The Articles of Organization for this Limited Liabili Florida document numberL10000116997		were filed on11	1/10/2010	and assi	gned
This amendment is submitted to amend the following	g:				
A. If amending name, enter the new name of the	<u>limited liab</u>	ility company here:			
The new name must be distinguishable and end with the "L.L.C." Enter new principal offices address, if applicable:		ted Liability Company," the	rdvid, uc		breviation
(Principal office address MUST BE A STREET ADDRESS)		Fort Lauderdale FL		A R	<u> </u>
Enter new mailing address, if applicable: Mailing address MAY BE A POST OFFICE BOX	3	MyFlare For Andro	id, LLC	TO THE DESCRIPTION OF THE PROPERTY OF THE PROP	
		Fort Lauderdale, FL 33339			
B. If amending the registered agent and/or re registered agent and/or the new registered office a	gistered off address here	fice address on our re	cords, <u>enter t</u>	he name of	th <u>e</u> new
Name of New Registered Agent: Ba	arry E. Hai	mo			
New Registered Office Address: 30	th Street		· · · · · · · · · · · · · · · · · · ·		
			rida street add	ress	
	Fort	t Lauderdale, Florid			
		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:

		Add
		Add Remove
		Add Remove
		Add Remove
		Add Remove
		AddRemove
any other information, enter change	·	
	Som The state of t	FIL.
ester 8 , 20	u	# f. 0]
		any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Filing Fee: \$25.00