U0000131146

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(Ad	dress)	
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T. CLINE
SEP - 7 2012
EXAMINER



COVER LETTER

TO:

Registration Section

Division of Co	rporations			
SUBJECT:	After	shock, LLC		
SUBJECT:		ted Liability Company		
	Amendment and fee(s) are sub ondence concerning this matter	-		
		Douglas Dunks		
		Name of Person		
	Dunks Institute for	Genealogical and Histor	rical Research	
		Firm/Company		
	<u> </u>	137 Melissa Elaine Dr	·	
		Address		
	Panai	ma City Beach, FL 3240	7	
		City/State and Zip Code ddunks@dighr.com		
	E-mail address: (to be used for future annual report n	otification)	
For further information	concerning this matter, please of	eall:		
Do	ouglas Dunks	at (_850)	276-3314	
Name	of Person		time Telephone Number	
Enclosed is a check for t	he following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	sed) Certified	e of Status &
Regist Divisi P.O. E	ING ADDRESS: ration Section on of Corporations tox 6327 assee, FL 32314	STREET/COU Registration Se Division of Cou Clifton Buildin 2661 Executive	porations g	395 WE 147

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Aftersho	ock, LLC				
(Name of the Limited Liability Comp (A Florida Limited	any as it now appears Liability Company)	on our records.)			
The Articles of Organization for this Limited Liability Compan	y were filed on	1/1/2011	and a	ssigne	d
Florida document number L10000131746					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited lia	bility company here	:			
Dunks Institute for Genealogica					
The new name must be distinguishable and end with the words "Lin"L.L.C."	nited Liability Compan	y," the designation "L	LC" or th	e abbre	viation
L.L.C.					
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)				7	
			v m	₹5 £2 —	<u> </u>
				0	je Na potenti
Enter new mailing address, if applicable:			10 m	<u>6</u>	,
(Mailing address MAY BE A POST OFFICE BOX)			Fe	7272 K	
			ता दुव दुवस्था	=	Series .
		- 1	Dri	Ŧ,	
B. If amending the registered agent and/or registered of		ir records, <u>enter t</u>	he name	of th	e new
registered agent and/or the new registered office address he	ere:				
Name of New Registered Agent:					
New Registered Office Address:					
	Ente	er Florida street add	ress		
	, Florida				
	City		Zip Co	ode	
New Registered Agent's Signature, if changing Registered Agen	<u>t:</u>				

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:

MGR = Ma MGRM = N	nager Aanaging Member		
<u>Title</u>	Name	Address	Type of Action
			□ n
	<u> </u>		Add Remove
			— B
			— n
			Add.
D. If amen	ding any other information, ent	ter change(s) here: (Attach additional sheets,	if necessary.)
_			
Dated	August 31	2012	
	Signature	a member or authorized representative of a member	ber
		Douglas Dunks Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00