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SECRETARY OF STATE FALLAHASSEF, FI ORIDA

J. BRYAN

MAY - 9 2011

**EXAMINER** 

# **COVER LETTER**

	on Section of Corporations
SUBJECT:	Name of Limited Liability Company
The enclosed Articl	les of Amendment and fee(s) are submitted for filing.
Please return all cor	rrespondence concerning this matter to the following:
	Aidan 7 Me Curinness Signary
	Death Somestyents LLC. Fim/Company
	Celebration Il 34747  City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further informat	tion concerning this matter, please call:
A cala	ame of Person  Area Code & Daytime Telephone Number
Enclosed is a check \$25.00 Filing Fe	Certificate of Status Certified Copy Gertificate 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



Teeth Investments 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 Lia	ability Company were filed on _	January 18, 2011	and assigned
Florida document number L11000006	756		
This amendment is submitted to amend the follo	wing:		
A. If amending name, enter the new name of	the limited liability company h	<u>ere</u> :	
The new name must be distinguishable and end with "L.L.C."	n the words "Limited Liability Con	npany," the designation "LL	C" or the abbreviation
Enter new principal offices address, if applica	ble:		
(Principal office address MUST BE A STREET	T ADDRESS)		
Enter new mailing address, if applicable: <u>(Mailing address MAY BE A POST OFFICE E</u>			
B. If amending the registered agent and/o registered agent and/or the new registered off		our records, enter the	e name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
		, Florida	
	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:

MGR = Manager

MGRM = Managing Member **Type of Action Title** <u>Name</u> **Address MGRM** Aidan McGuinness ✓ Add
☐ Remove 52 Riley Road #207 Celebration, FL 34747 ☐ Add Remove Add □ Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) April 5 Dated \_\_\_ Signature of a member or authorized representative of a member Aidan McGuinness

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00