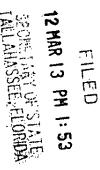
## L11000008831

(Re	equestor's Name)	
(Ac	ldress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	



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## **COVER LETTER**

	MULTICACET LLC
SUBJECT:	MULTIFACET, LLC  Name of Limited Liability Company
The enclosed Articles of	of Amendment and fee(s) are submitted for filing.
Please return all corres	condence concerning this matter to the following:
,	DEAN C. CUMMINGS
	Name of Person
	Firm/Company
	2048 SUN DOWN DRIVE
	Address
	CLEARWATER, FLORIDA 33763
	City/State and Zip Code
	patdino2003@yahoo.cm  E-mail address: (to be used for future annual report notification)
For further information	concerning this matter, please call:
DEAL	N C. CUMMINGS at ( 727 ) 723-1927
	N C. CUMMINGS at (727) 723-1927 of Person Area Code & Daytime Telephone Number
Enclosed is a check for	the following amount:
\$25.00 Filing Fee	S30.00 Filing Fee & S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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**

12 MAD 12 04

			· = rinn	13 PM 1:53
( <u>Name of the Limited Liab</u> (A Flor	IIII TIFACI	ETILC	, SECRE!	ARY OF SPACE
(Name of the Limited Liab	oility Company	as it now appear	s on our records.)	ISSEE FLORIDA
(A Flor	ida Limited Lia	bility Company)		
The Articles of Organization for this Limited Liabili	ity Company w	ere filed on J	ANUARY 17, 20	111 and assigned
Florida document numberL11000008837				
Florida document number E 1 1000000007	<del></del> ·			,
This amendment is submitted to amend the following	g:			
A. If amending name, enter the new name of the	limited liabili	ty company her	<u>e</u> :	
The new name must be distinguishable and end with the "L.L.C."	words "Limited	d Liability Compa	ny," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:	:			
(Principal office address MUST BE A STREET AL	DDRESS)			
	,			
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX	O			···
	<b>-</b>			
	•			
B. If amending the registered agent and/or re		e address on o	ur records, <u>enter</u>	the name of the new
Name of New Registered Agent:				
New Registered Office Address:				
		Ent	ter Florida street aa	ldress
	·		, Florida _	
	,	City		Zip Code
New Registered Agent's Signature, if changing Regist	tered 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>	<u>Name</u>	Address	Type of Action
MGR_	CUMMINGS, DARB	E 2048 SUN DOWN DRI' CLEARWATER, FLOR	VE Add IDA 33764 Remove
			Add Remove
			Add Remove
			AddRemove
			Add Remove
			Add Remove
D. If amend	ling any other information,	enter change(s) here: (Attach additional sh	- Annual
			ETLED  2 MAR 13 PM  ALLAHASSEE
 	MARCH 12		STATE S3
	Signature	of a member or authorized representative of a n	nember
		WILLIAM K. LOVELACE	

Page 2 of 2

Filing Fee: \$25.00