

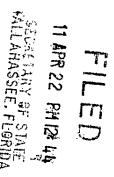
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D. BRUCE

APR 25 2011

EXAMINER

COVER LETTER

SUBJECT: A MERICAN PRODUCTS FOR YOU. Name of Limited Liability Company			
The enclosed Articles of Amendment and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
RAOUEL A_ SHED Name of Person			
Firm/Company			
670 NW 65+. #103.			
City/State and Zip Code POUCK SHEACOG MALL COM E-mail address: (to be used for future annual report notification) E-mail address: (to be used for future annual report notification)			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
PAOUCI A SHEA. at 736 4888647 Name of Person Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount:			
\$25.00 Filing Fee \$ Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			

MAILING ADDRESS:

Registration Section
Division of Corporations

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

AMERICA N PRODUCAS FOR YOU.

(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 Liability Company were filed on Jauuay 25-2011 and a Florida document number 10000 100 26.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "L.L.C."	imited Liability Company	"the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:	N4 0F3	1651.4103	
(Principal office address MUST BE A STREET ADDRESS)	Man.	Fl. 33136	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		\$2 \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	
	·		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		records, enter the name of the nev	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter	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 **Title Type of Action** <u>Name</u> **Address** 670 NW. 65+ \$103. MGR. RADUEL A SHEA Remove ☐ 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.) Dated_ Signature of a member or authorized representative of a member RADUCL. Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00