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## **COVER LETTER**

TO: Registration Section **Division of Corporations** 10-8STORE LLC 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: Ronnie McCarron Name of Person 10-8STORE LLC Firm/Company 1860 Cowan Drive Address Titusvill, Florida 32796 City/State and Zip Code ron@10-8store.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Ronnie McCarron Name of Person

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status

□\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

□\$60.00 Filing Fee,
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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

10-8STORE LLC		
(Name of the Limited Liability (A Florida	ty Company as it now appears on our r Limited Liability Company)	ecords.)
(/11/01/04	Diffice Blacking Company)	
The Articles of Organization for this Limited Liability	Company were filed on 02/11/11	and assigned
Florida document number L11000017452		
Piorida document number	·	
This amendment is submitted to amend the following:		
This amendment is submitted to affecte the following.	_	
A. It amending name, enter the new name of the lin	nited liability company here:	
	\ \ \	
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Company," the do	esignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		f
(Principal office address MUST BE A STREET ADD	ORESS)	
		\ 50 3 kg
		3 /
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		92 3 72
		St. of
B. If amending the registered agent and/or regis	stered office address on our recor	ds, enter the name of the new
registered agent and/or the new registered office ad-	dress here:	·
	_	
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florid	a street address
<del></del>	City	Florida Zip Code
	/>	-r

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.

New Registered Agent's Signature, if changing Registered Agent:

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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** Name **Address Type of Action** Jon McCarron 1050 Mitchell St **MGRM** Cocoa, FL 32922 Remove Remove Remove Remove

). If amending any o	ther information, enter change(s) here: (Attach additional sheets, if necessary.)
·	
-	
October	01 2923
Dated Octobol	, 01
	Signature of a member or authorized representative of a member
Ronnie	e McCarron Jr.
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00