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2011 MAR 17 MA D 31
SECRETARY OF STATE

T. CLINE MAR 18 2011 EXAMINER

COVER LETTER

Division of Co	orporations				
SUBJECT:	Aztec Or	ne-Sober Camel			
30BJEC1.		ited Liability Company			
The enclosed Articles of	f Amendment and fee(s) are sul	bmitted for filing.			
Please return all corresp	ondence concerning this matter	r to the following:			
		Christy Lonnon			
	Name of Person				
	Sober Camel				
	Firm/Company				
2401 W Bay Drive #429					
		Address			
		Largo, FL 33770			
		City/State and Zip Code			
	LLC	@SOBERCAMEL.COM to be used for future annual report notifi	notion)	7. ₂	
		·	cation)		
For further information	concerning this matter, please of	call:		RET/	<u> </u>
Cł	hristy Lonnon	at (813)	651-5768	SECRETARY OF STATE ALLAHASSEE, FLORIDA	FILED
Name of Person		Area Code & Daytime Telephone Number		DF S	W
				SAT TO	
Enclosed is a check for	the following amount:			A ST	
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certified	e of Status &	sed)

MAILING ADDRESS:

TO:

Registration Section

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

Aztec On	e-Sober Camel	
(Name of the Limited Liability Co (A Florida Lim	ompany as it now appears on our ited Liability Company)	records.)
The Articles of Organization for this Limited Liability Com Florida document numberL11000021952		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited	liability company here:	
Sober	Camel LLC	
The new name must be distinguishable and end with the words "L.L.C."	'Limited Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
• • • • • • • • • • • • • • • • • • • •		
(Principal office address MUST BE A STREET ADDRES	<u>S)</u>	7.0 2
Enter new mailing address, if applicable:	PO Box 322	T = RETAIN AHAS
(Mailing address MAY BE A POST OFFICE BOX)	Indian Rocks Beach	, FL 33785
		F S T
		RATE &
B. If amending the registered agent and/or registere registered agent and/or the new registered office address		rds, enter the name of the new
egistered agent and/or the new registered ornice address	<u>nere</u> .	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florid	da 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** <u>Name</u> **Address** Type of Action ☐ 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 $3/1 \le$ Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00