

(Re	questor's Name)	
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(Ad	ldress)	-
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL.
(Bu	siness Entity Nar	me)
(Do	cument Number)	
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10/31/13--01010--002 **25.00

TALLANDSST. COORD.

B. BOSTICK
NOV - 1 2013
EXAMINER

COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT: / pmd	<i>) fictomat:VE LLC</i> Name of Limi	ted Liability Company		
The enclosed Articles of A	Amendment and fee(s) are sub	omitted for filing.		
Please return all correspon	ndence concerning this matter	to the following:		
	JACKSON VILLE FL		7	2813 007
For further information co	ncerning this matter, please c		ion) 7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	2.5 <u>2.5</u>
Time thy Telle! Name of	Person	at (<u>904</u>) <u>786-6733</u> Area Code & Daytime Te	Selephone Number	PS 다: 25
Enclosed is a check for the	e 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 Fe Certificate of S Certified Copy (additional cop	tatus &

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Someony as it now appear	on our records	
mited Liability Company)	on our records.)	
	_	
	•	
ed liability company here:		
s "Limited Liability Company	," the designation "LLC" or the abbreviation	
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ESS)		
	<u> </u>	
	$\frac{\omega}{\omega}$	
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-	(L)	
red office address on our ss here:	records, enter the name of the new	
· · · · · · · · · · · · · · · · · · ·		
Enter Florida street address		
	, Florida	
City	Zip Code	
	red office address on our ss here:	

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, <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	Sharmaine B. Levy	412 Martin LAHLY Drive West	Add
	, in the second	JACKSON VILLE, FL 37770	Remove
			— —
			Remove
			Add
		The state of the s	Remove
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			Add
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			Add
			Remove
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			Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
ı		
		
Dated		
	Signature of a member or authorized representative of a member Timothy Ferral / Johnson St. Typed or printed name of signee	
	Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00

2013 0C1 31 FB 4: 25