## L11000034134

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SECRETARY OF STATE
AND ANASSEE, FLORIDA

## **COVER LETTER**

TO: Registration of	n Section Corporations				
SUBJECT:	Onlyviaticals.com, P.L.				
	Name of Limited Liability Company				
The enclosed Article	es of Amendment and fee(s) are submitted for filing.				
Please return all corn	respondence concerning this matter to the following:				
Joseph A. Hayworth III					
Name of Person					
Ourednik Law Offices, P.A.					
Firm/Company					
	6817 Southpoint Parkway, Suite 604				
	Address				
	Jacksonville, Florida 32216				
	City/State and Zip Code				
	joe@jahayworth.com  E-mail address: (to be used for future annual report notification)				
For further informati	on concerning this matter, please call:				
	nristopher Bondani at ( 904 ) 396-8080 me of Person Area Code & Daytime Telephone Number				
Enclosed is a check	for the following amount:				
<b>✓</b> \$25.00 Filing Fee	S30.00 Filing Fee & S60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  S60.00 Filing Fee, Certificate of Status & 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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Onlyviaticals.com, P.L.

(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 Compar	ny were filed on	3/21/2011	and assigned	
Florida document number	L11000034134				
This amendment is submitted	to amend the following:				
A. If amending name, enter	the new name of the limited lia	ability company here	<b>:</b>		
	Viation	o, P.L.			
The new name must be distingu "L.L.C."	ishable and end with the words "Li	mited Liability Compan	y," the designation "l	LC" or the abbreviation	
Enter new principal offices	address, if applicable:				
(Principal office address MU	ST BE A STREET ADDRESS)				
Enter new mailing address,	if applicable:				
(Mailing address MAY BE A	••				
		<del> </del>			
	ered agent and/or registered of the registered o		ır records, <u>enter 1</u>	the name of the new	
registered agent and/or the i	new registered office address no	<u>ere</u> :			
Name of New Regis	tered Agent:				
New Registered Off	ice Address:				
_		Enter Florida street address			
, Florida					
		Citv		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				
<u>Title</u>	<u>Name</u>	Address	Type of Action	
			Add Remove	
			Add Remove	
			Add	
			Add	
			Add  ☐ Remove	
			Add	
D. Ifamen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessa	Remove	
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_	) 20 2-		ED PHIZ:	
Dated	July 28, 20	III menajer	34 DDA	
		r or authorized representative of a member		
	Joseph A. Haywo	orth III, MGR Hayworth Holdings I or printed name of signee		

Page 2 of 2

Filing Fee: \$25.00