211000039306

(Re	equestor's Name)		
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DEPARTMENT OF STATE

12 JUL 31 PH 4: 25

15 JUL 31 PH 4: 25

AUG 1 2012:

T. HAMPTON



ACCOUNT NO.	: I2000000195					
REFERENCE	: 235296 7827117					
AUTHORIZATION	: South Eleman					
COST LIMIT	: \$ 25.00					
ORDER DATE : 07-31-12						
ORDER TIME : 2:33 PM						
ORDER NO. : 235296-010						
CUSTOMER NO: 7827117						
DOMESTIC AM	ENDMENT FILING					
NAME: MYREVIEWSNOW, LLC						
EFFECTIVE DATE:						
XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION						
PLEASE RETURN THE FOLLOWING AS	PROOF OF FILING:					
CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STA	NDING					
CONTACT PERSON: Carina L. Dunl	ap EXT# 2951					
	EXAMINER'S INITIALS:					

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

12 JUL 31	SECUE DES
AH 9:	
. h.f.	

	EVIEWSNOW, LLC	5
(<u>Name of the Limited Liability</u> (A Florida L	Company as it now appears on our relimited Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Co	ompany were filed on <u>04/01/2011</u>	and assigned
Florida document number L11000039306	<u>.</u>	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ted liability company here:	
The new name must be distinguishable and end with the word "L.L.C."	ds "Limited Liability Company," the de	signation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDR.	ESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office addr		ds, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:	(Enter Florid	la street address)
	·	,
	(City)	Florida(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
MGRM	Cheri Maxwell	5375 Luce Rd	_03 Add
		Lakeland, FL 33813	Remove
MGRM	Erica Maxwell	5375 Luce Rd Lakeland, FL 33813	⊠ Add □ Remove
MGRM	L. Todd Maxwell	5375 Luce Rd Lakeland, FL 33813	Add B Remove
			Add Remove
			_□ Add _□ Remove
D. If amend	ling any other information, enter cl	nange(s) here: (Attach additional sheets, if necessary.)	DIVERSITY OF COMMENTS
 Dated		2012. This Mat M	- 9: 1 :6
	Cheri	mber or authorized representative of a member Maywill Monage yped or printed hame of signee	

Page 2 of 2

Filing Fee: \$25.00