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(Re	equestor's Name)	
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SECKLIARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registrat Division	ion Section of Corporations				
SUBJECT:	THE occasion	STOP			
	Name of Lim	ited Liability Company			
The enclosed Artic	les of Amendment and fee(s) are su	bmitted for filing.			
Please return all co	prespondence concerning this matte	r to the following:			
	Chadwin	Name of Person			
		Name of Person	Ed	三	
	The oc	CASION STOP Firm/Company		2012 MAY 31	
		Firm/Company	ASS	3	
	9745 7011	Chion Rd #926	SEE, FLORID	200	
		Address	71	出版2	
	JACKSUNV	Ile FL 32246 City/State and Zip Code		(2) (4)	
	4	City/State and Zip Code			
	<u> </u>	Sorensen Ogmail. com (to be used for future annual report notifica	ition)		
For further informa	ation concerning this matter, please				
Chadwic	L Sorensen	at (904) 524 ~ 58	725		
N	Name of Person	at (904) 524 - 58 Area Code & Daytime T	Telephone Number	_	
Enclosed is a check	c for the following amount:				
\$25.00 Filing F	•	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing F Certificate of Certified Cop (additional co	Status &	osed)
	MAILING ADDRESS: Registration Section	STREET/COURIE Registration Section	R ADDRESS:		

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compan (A Florida Limited Li	ION STOP Ny as it now appears on out iability Company)	r records.)		
The Articles of Organization for this Limited Liability Company Florida document number	were filed on $5/3$:fu	and assigned	
This amendment is submitted to amend the following:		• .	.	
A. If amending name, enter the new name of the limited liabi	lity company here:	1CLICK	EVENTS	2,2,0
The new name must be distinguishable and end with the words "Limit "L.L.C."	ted Liability Company," the	e designation "LL	C" or the abbrevi	iation
Enter new principal offices address, if applicable:	SORENSEN,	CHADWICL		
(Principal office address MUST BE A STREET ADDRESS)	9745 Touchtu	1 Rd #921	· ~	
	JACKSUNVILLE, PL 3224675			
Enter new mailing address, if applicable:	Same a	-	¥3 <u>1</u>	
(Mailing address MAY BE A POST OFFICE BOX)		मू न		
		7. F.		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		cords, <u>enter th</u>	e name of the	new
Name of New Registered Agent:				
New Registered Office Address:	Enter Flo	rida street addre	ess	_
		_, 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

	mager Managing Member		STIYNIE	As Befe	
	<u>Name</u>	<u>Address</u>			Type of Action
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					Remove
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					Remove
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amen	ding any other information, enter ch	nange(s) here: (At	tach additional sl	neets, if necessary.)	
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Filing Fee: \$25.00