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J. BRYAN

OCT -4 2011

**EXAMINER** 

## **COVER LETTER**

	ation Section n of Corporations	
SUBJECT:	Winner Top Rated Mobile Apps, LLC	
SOBJECT:	Name of Limited Liability Company	
The enclosed Art	ticles of Amendment and fee(s) are submitted for filing.	
Please return all	correspondence concerning this matter to the following:	
	Nichole Brown	
	Name of Person	整理 🌌
Corporate Filing Solutions, LLC		
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	City/State and Zip Code	
	nbrown@filingsmadeeasy.com	
	E-mail address: (to be used for future annual report notification)	
For further inform	mation concerning this matter, please call:	
	Nichole Brown at ( 617 ) 399-6932	
	Name of Person Area Code & Daytime Telephone Number	
Enclosed is a che	eck for the following amount:	
<b>₹</b> \$25.00 Filing	Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified	te of Status &
, e	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

Winner   op Rated	Mobile Apps,	LLC	
(Name of the Limited Liability Compar (A Florida Limited L	Liability Company)	s on our records.	
The Articles of Organization for this Limited Liability Company	were filed on	5/26/2011	and assigned
Florida document number L11000062169			A STATE OF THE STA
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liab	ility company here	<b>:</b> :	FILED
The new name must be distinguishable and end with the words "Limi "L.L.C."	ited Liability Compar	ny," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:	263 62nd Street North		
(Principal office address MUST BE A STREET ADDRESS)	St. Petersburg, FL 33710		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	263 62nd Stre St. Petersburg		
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		ur records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida 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 Name Address Type of Action 263 62nd Street North St. Petersburg, FL 33710 MGRM Richard Schettino ₽ Add Remove 100 Beach Drive, #703 St. Petersburg, FL 33701 MGRM Fredrick Marckini ✓ Remove Remove ∏Add Remove ∏Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated September 22nd 2011 Signature of a member or authorized representative of a member Richard Schettino
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00