Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

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From:

Account Name

: LEGALZOOM.COM INC.

Account Number : I20010000062

Phone

: (323)962-8600

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN **OLIN AND ASSOCIATES, LLC**

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SEP 29 2015

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Corporate Filing Menu

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COVER LETTER

то:	Registration Se Division of Cor		·				
SUBJE		D ASSOCIATES, LLC					
GUDGE	. I;	Name of Limited Liability Company					
The enci	losed Articles of	Amendment and fee(s) are sub	mitted for filing.				
Picase re	eturn all correspo	ondence concerning this matter	to the following:				
		Cheyenne Moseley					
			Name of Person	 _			
		Legalzoom.com, Inc.					
			Firm/Company				
		100 W. Broadway Suite	100				
			Address				
		Glendale, CA 91210					
			Ciry/State and Zip Code				
		rnkolin@gmail.com E-mail address: (to be used for future annual report notifica	ation)			
For furth	ner information o	oncerning this matter, please ca	•	•			
Imelda	Vasquez		323 962-8600 ext	7950			
Name of Person			Area Code Daytime Telephone Number				
Enclosed	is a check for the	ne following amount:					
□ \$ 25.	00 Filing Fee	□ \$30,00 Filing Fee & Certificate of Status	■ \$55.00 Filing Fee & Certifled Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	_	ING ADDRESS: ation Section	STREET/COURIER Registration Section	ADDRESS:			

MAILING 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



(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 06/28/2011 and assigned Florida document number L11000074831

This amendment is submitted to amend the following:

A. If amending name, enter the new mame of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

	City	Zip Code
		, Florida
New Registered Office Address:	Enter Florida street a	ddress
Name of New Registered Agent:		

New Registered Agent's Signature, if changing Registered Agent;

(Mailing address MAY BE A POST OFFICE ROX)

OLIN AND ASSOCIATES, LLC

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 605, 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

MGR = Manager

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

AMBR = Authorized Member				
<u>Title</u>	Name	Address	Type of Action	
MGR	Kay G. Olin	45 Walker Creek Drive	Z Add	
		Crawfordville, FL 32327	□ Remove	
			Add	
		<u></u>	□ Remove	
			Remove L	
			SSER OF S Add O	
			□ Remove	
····				
			С Rеточе	

Signature of a member or author

Page 3 of 3

Robin Olin
Typed or printed name of signee

ized representative of a member

Filing Fee: \$25.00

FILED AMO: 08