L11000079583

(Requestor's Name)					
(Address)					
(iou. co.,					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
0.4% 10.1					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
eposial mediasticite to himig officer.					

Office Use Only



800209947058

07/19/11--01017--001 **25.00

SECRETARY OF STATE

T. CLINE

JUL 20 2011

EXAMINER

COVER LETTER

TO: A Registration S Division of Co		_	0	
SUBJECT:	The F.	amous 27	Z LL C	
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.	•	
Please return all corresp	ondence concerning this matte	r to the following:		
	Nac	+ Bashgoy Name of Person		
	The ;	FAMOUS 22	HC	
·	2810	S4 th S+. N		
	St. Pete	Address Ersburg, FL	33713	
	n-bask E-mail address: (City/State and Lip Code Code	Ril. COM	
For further information	concerning this matter, please o	eall:		
NartB	gshoot	at 727 420-	-7020	
	of Person	Area Code & Daytime	Telephone Number TALL AHE	Mad Anglorus
Enclosed is a check for t	he following amount:		TAR ASS	Tarini.
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certified Copy of (additional copy) is enclosed	m O
			ID _A	

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				
The	Famous Z			_	
(<u>Name of the Limite</u> (d Liability Company as it now ap A Florida Limited Liability Compa	pears on our records. ny))		
The Articles of Organization for this Limited I		7-7-1	and	assigne	d
This amendment is submitted to amend the fol	lowing:				
A. If amending name, enter the new name of	of the limited liability company	here:			
The new name must be distinguishable and end w "L.L.C."	ith the words "Limited Liability Co	ompany," the designation	n "LLC" or th	ie abbre	viation
Enter new principal offices address, if appli	cable:				<u></u>
(Principal office address MUST BE A STRE	ET ADDRESS)		SE	201	
			SA S	<u></u>	*
			TAI		BATHCHEA CORETA
Enter new mailing address, if applicable:			SEE SEE	9	ر تامارت <u>ان م</u>
(Mailing address MAY BE A POST OFFICE	BOX)); ; []	歪	1-1-5
			OR IA	••	N _{amer} ,
			DA A	100 100	
B. If amending the registered agent and registered agent and/or the new registered o		on our records, <u>ent</u>	r the name	of the	e new
Name of New Registered Agent:	Dima H	taobsh			
New Registered Office Address:	1460 84	If BIVG	#/	21	<u>0</u>
	01 , 0	Enter Florida street	address	a	_
	Cleawater Bea	icИ, Florida	·	167	
	Citv		Zip Co	ode	

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

Address Nart Bashgoy 33767 Add A Remove ☐ Add ☐ Remove ∏ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary. Signature of a member or authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00