## L110000091558

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## COVER LETTER

TO:	Registration Section Division of Corporations	ass.
SUBJE	ECT: All the Right Clicks it	<u>C</u>
	Name of Limited Liability Co	npany
	$\epsilon \sim \gamma^{-1}$	
	nclosed Articles of Amendment and fee(s) are submitted for filing	
Please	return all correspondence concerning this matter to the following	
	The second secon	a a constant
	Karen M John	nson
,	Name of Po	erson
	All the Right Click Firm/Comp	pany ·
	1882 Melanie	Way
	Address	
1.0	Palm Harbor, F City/State and 2	-L 34683 Zip Code
	E-mail address: (to be used for futu	segmail.com re annual report notification)
For fur	rther information concerning this matter, please call:	At the state of th
	1/2 Table 33	7. 791 11131
	Name of Person at (12	Area Code & Daytime Telephone Number
		The state of the s
•	sed is a check for the following amount:	
<b>X</b> \$25	5.00 Filing Fee \$30.00 Filing Fee & \$55.00 Fil  Certificate of Status Certified	Copy Certificate of Status &
	(addition	al copy is enclosed)  Certified Copy (additional copy is enclosed)
		A Company of the property of the second of the
,	Registration Section Division of Corporations P.O. Box 6327	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building
· <sub>F1</sub> ,	Tallahassee FI 32314	2661 Executive Center Circle Tällahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

SECRETARY OF STATE DIVISION OF CORPORATIONS

LES OF ORGANIZ OF

12 APR 25 PM 12: 21

All the Right (Name of the Limited Lia) (A Flor	bility Company as it no rida Limited Liability Co	w appears on our reco	rds.)
The Articles of Organization for this Limited Liabil	•		
Florida document number <u>L1100009155</u>			
This amendment is submitted to amend the followin	g:		
A. If amending name, enter the new name of the	limited liability com	pany here:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liabili	ty Company," the design	nation "LLC" or the abbreviation
Enter new principal offices address, if applicable	:		
(Principal office address MUST BE A STREET A)	ODRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	`		
Maung address mat be a fost office box			
B. If amending the registered agent and/or re	egistered office addr address here:	ess on our records,	enter the name of the new
Name of New Registered Agent:			
New Registered Office Address:		,	
•	Enter Florida street address		
·	City	, Flor	ridaZip 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 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 Type of Action **Title Name** □ Add Remove ☐ Add Remove Add ☐ Remove Remove **□**Remove Remove And the state of the 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 ren M Tohnson
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00