

**L11000094897**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

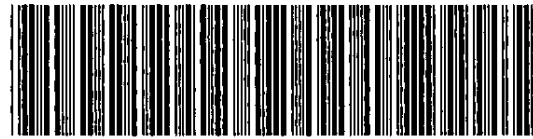
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600235343936

05/21/12--01017--017 \*\*52.50

FILED  
12 MAY 21 PM 3:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C. LEWIS  
JUN -4 2012  
EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 23, 2012

BILL MICHELAN / CLICK MAGNETS LLC  
4654 SR 64 EAST #153  
BRADENTON, FL 34208

SUBJECT: CLICK MAGNETS LLC  
Ref. Number: L11000094897

We have received your document for CLICK MAGNETS LLC and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

If you have any further questions concerning your document, please call (850) 245-6051.

Carolyn Lewis  
Regulatory Specialist II  
Registration/Qualification Section

Letter Number: 312A00015051

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Click Magnets LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Bill Michelin  
Name of Person

Click Magnets LLC  
Firm/Company

4654 SR 64 East #153  
Address

Bradenton, FL 34208  
City/State and Zip Code

Bill@theClickmagnets.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Bill Michelin at (941) 779-7580  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|---|--|--|--|

**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

FILED  
12 MAY 21 PM 3:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Click Magnets LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on August 18<sup>th</sup> 2011 and assigned  
Florida document number 411000094897.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name 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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

**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:**

Name of New Registered Agent:

Bill Michelen

New Registered Office Address:

4654 SR 64 East #153

Enter Florida street address

Bradenton  
City

Florida

34208  
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.

Bill Michelen  
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

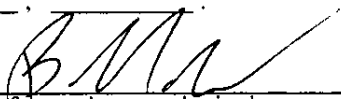
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Ad Quality	10184 B Fisher Ave Tampa, FL 33619	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
	Matt Matichuk	8854 White Sage Loop Bradenton, FL 34202	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Flawless Ads Media	3704 4th Ave NE Bradenton, FL 34208	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
	Bill Michelen	4654 SR 64 East #153 Bradenton, FL 34208	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated \_\_\_\_\_



Signature of a member or authorized representative of a member

Bill Michelen

Typed or printed name of signee

FILED  
12 MAY 21 PM 3:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA