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OCT 12 2011

EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: TTS ALL ABOUT HIM 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:
Ella Mae Mallonin Name of Person
Name of Person
Its 411 About Him Firm/Company
11795 Littlestone Court Address
West Palm Black, FL 33412 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call: Ella Mae Malanin at (561) 358-5999 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
S25.00 Filing Fee \$\int \\$30.00 Filing Fee & \$\int \\$55.00 Filing Fee & \$\int \\$60.00 Filing Fee,
Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)

TO:

Registration Section :

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

ITS AL	L ABOUT HIM LLC			
(<u>Name of the Limited Liabili</u> (A Florida	y Company as it now appears Limited Liability Company)	on our records.)		
The Articles of Organization for this Limited Liability	Company were filed on $\frac{\mathcal{L}_{1}}{2}$	and assign	ned	
Florida document number <u>(1000//03</u> 0	ra.			
-				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company here:			
The new name must be distinguishable and end with the wo	ords "Limited Liability Company	v." the designation "Lize" Lor the abb	reviation	
"L.L.C."	, ,		· · · · · · · · · · · · · · · · · · ·	
Enter new principal offices address, if applicable:		会 コ		
(Principal office address MUST BE A STREET ADD	DFCC)	SS.	<u> </u>	
Trincipal office tadiress MOST BE A STREET ADD	RESS)	F. 9. 3		
		70		
		24	-	
Enter new mailing address, if applicable:		DIT -		
(Mailing address MAY BE A POST OFFICE BOX)				
B. If amending the registered agent and/or regis		r records, enter the name of	the new	
registered agent and/or the new registered office add	iress here:			
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
		. Florida		
 -	City	, rioriua 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

<u>Title</u> <u>Name</u> **Address Type of Action** Doreen Scheintflug Add Remove ☐ Add ☐ Remove \square Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated <u>Oct 5</u>, <u>2011</u>. Figh Mas Male.
Signature of a member or authorized representative of a member Ella Mae Malmin Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00