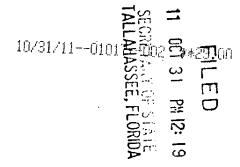
Li 1000 118933

(Requestor's Name)				
(Address)				
(Add	lress)			
(City	/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bus	iness Entity Nar	me)		
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



400212214254



COVER LETTER

Division of Co		•				
SUBJECT:	4-Aces Ro	Iling Factory LLC	, w			
SUBJECT:		ted Liability Company				
The enclosed Articles of	of Amendment and fee(s) are sub	omitted for filing.				
Please return all corresp	condence concerning this matter	to the following:				
	 	Laura J Vaughn				
		Name of Person				
	4-A	4-Aces Rolling Factory LLC				
		Firm/Company				
		300 Leafwood Road				
		Address				
	Ta	rpon Springs FL 3468	39			
		City/State and Zip Code				
	roll E-mail address: (ingfactory@gmail.com to be used for future annual rep	ort notification)			
For further information	concerning this matter, please of					
	aura J Vaughn	at (_270)	331-4561			
Name of Person		Area Code &	Daytime Telephone Number			
Enclosed is a check for	the following amount:					
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
Regis Divis	LING ADDRESS: stration Section ion of Corporations Box 6327	Registration	Corporations			

Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED 11 OCT 31 PM 12: 19

	•	00131 PM 12: 19		
4-Ace	s Rolling Factory LLC	$SF(n_h)$		
(<u>Name of the Limited Liab</u> (A Flor	ility Company as it now appea da Limited Liability Company)	rs on our records. MASSEE, FLORIDA		
	, , ,			
The Articles of Organization for this Limited Liability	ty Company were filed on	October 18, 2011 and assigned		
Florida document number L11000118933	3			
This amendment is submitted to amend the following	g:			
A. If amending name, enter the new name of the	limited liability company her	<u>e</u> :		
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Compa	any," the designation "LLC" or the abbreviation		
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AL	ODRESS)	the state of the s		
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE BOX	<u> </u>			
B. If amending the registered agent and/or registered agent and/or the new registered office a		our records, enter the name of the new		
Name of New Registered Agent:				
New Registered Office Address:				
	Enter Florida street address			
		, Florida		
	City	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			
			Add Remove			
			Add Remove			
	·		Add Remove			
			Add Remove			
	· · · · · · · · · · · · · · · · · · ·		Add Remove			
	.		Add Remove			
D. Ifa	Percentage of business owned has ch	(s) here: (Attach additional sheets, if necessary.)	_			
	Katherine Lindeman 81%					
	Laura Vaughn 7%	<u>`</u>				
	Wayne Vaughn 6%	Ī	္း ယ			
	Richard Senay 6%		1 <u>6.</u> III			
Dated _	October 27 , 201 Signature of a member of	or authorized representative of a member	PH 12: 19			
÷	La	aura J Vaughn				
Typed or printed name of signee						

Page 2 of 2

Filing Fee: \$25.00