L11000418933

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COVER LETTER

TO: **Registration Section Division of Corporations** 4 Aces Rolling Factory, 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: Laura Vaughn Name of Person 4 Aces Rolling Factory, LLC 300 Leafwood Road Address Tarpon Springs FL 34689 City/State and Zip Code 4acesecig@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Laura Vaughn Name of Person Daytime Telephone Number Enclosed is a check for the following amount: ■ \$25.00 Filing Fee □ \$30.00 Filing Fee & ☐ \$55.00 Filing Fee & □ \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) Certified Copy

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

4 Aces Rolling Factory, LLC				
(Name of the Limited Liability Compan (A Florida Limited Lia	y as it now appears on our records. ability Company))		
The Articles of Organization for this Limited Liability Company we Florida document number L11000118933	vere filed on October 18,	2011	and assi	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	ity company here:			
The new name must be distinguishable and end with the words "Limited Liabil	ity Company," the designation "LLC"	or the abbre	viation "L	.L.C."
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET ADDRESS)		64	······································	
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		A S	APR	2 j
Enter new mailing address, if applicable:		ASE		d same
Mailing address MAY BE A POST OFFICE BOX)		m.		
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		ORID	<u> α</u>	21 8 27
B. If amending the registered agent and/or registered offeregistered agent and/or the new registered office address here:		enter the	name (of the no
Name of New Registered Agent:				····
New Registered Office Address:				
	Enter Florida street address			
	, Flor			
	City	2	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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
			□ Remove
		·	□ Remove
			· 57:
		-	TAKE DRemove
			APREMOVE 2 AM ID: STATE LAHASSEE, FLORIDA
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			□ Add
		·	□ Remove
		· · · · · · · · · · · · · · · · · · ·	RCHIOVE

Change in percentage of owners	
Katherine S Lindeman 33 1/3%	•
Laura J Vaughn 66 2/3%	
E. Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date.)	(optional) e and cannot be more than 90 days after
Dated March 27 , 2014	•
Signature of a member or authorized in Laura J Vaughn	
Typed or printed name	e of signee

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Filing Fee: \$25.00

