LIODOD135779			
(Requestor's Name) (Address) (Address)	800215145028		
(City/State/Zip/Phone #)	12/14/1101009024 **25.00 FILED JALLAHASSEE, FLORIDA		
Office Use Only	ORIDA ORIDA		

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TO: **Registration Section Division of Corporations** 

SUBJECT: \_

## **MY BUSINESS 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:

**RICHARD G THOMPSON** 

Name of Person

Firm/Company

5511 CHAPARRAL LN.

Address

HOLIDAY, FL. 34690

City/State and Zip Code

RGTHOMPSON13@HOTMAIL.COM E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

RICHAF	RD G THOMPSON	at ( 813 ) 4	95-7744
Name	of Person	Area Code & Daytime 7	Felephone Number
Enclosed is a check for	the following amount:		
✓ \$25.00 Filing Fee	S30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COURIEL Registration Section Division of Corporati Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

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ARTICLE	S OF AMËNDME	ENT
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ARTICLES	OF ORGÄNIZA'	FION
	OF 🙀	11 DEC 14 AN 11:53
	í. I	SECRETARY OF STATE
	BUSINESS LLC	SECRETARY OF STATE
( <u>Name of the Limited Liability</u> (A Florida L	Limited Liability Company	()
		40/4/0014
The Articles of Organization for this Limited Liability Co	ompany were filed on	12/1/2011 and assigned
Florida document number L11000135779	• • <sub>*,</sub>	
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limi</u>	ia c's itad lishility company h	10×01
A. It amending name, <u>enter the new name of the num</u>		<u></u> .
The new name must be distinguishable and end with the wor	H. da 21 fibiliad I inhility Con	many" the designation "I I C" or the althraviation
L.L.C."		ipany, the designation life of the above values
Sutan name and a filling address of any lighter		
Enter new principal offices address, if applicable:		
<u>Principal office address MUST BE A STREET ADDR</u>	<u>(ESS)</u>	
	<u>1</u> 2 — — — — — — — — — — — — — — — — — — —	
Enter new mailing address, if applicable:		
<u>Mailing address MAY BE A POST OFFICE BOX)</u>	<u> </u>	·····
3. If amending the registered agent and/or regist registered agent and/or the new registered office add.		our records, enter the name of the new
egistereti agent astu/of the new registereti office auth	<u>ress nere</u> .	
	. J.	
Name of New Registered Agent:		
New Registered Office Address:	···· · ·	
	- Alexandrian Alexandrian Alexandrian Alexandrian Alexandrian Alexandrian Alexandrian Alexandrian Alexandrian A	Enter Florida street address
		, Florida
	City	Zip Code
New Registered Agent's Signature, if changing Registered	I Agent:	
	у <b>*</b>	

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

Page 1 of 2

If amending or Managing	the Managers or Managing Members o Member being added or removed from	on our records, <u>enter the title, name,</u> our records:	and address of each Manager	
MGR = Man MGRM = M	ager anaging Member			
<u>Title</u>	Name	Address	<b>Type of Action</b>	
MGR	ALICIA SMITH	4939 ZODIAC AVE. HOLIDAY, EL. 34690	Add Remove	
MGRM	THOMPSON RICHARD G THOPMPSON	4939 ZODIAC AVE. HOLIDAY, FL. 34690	Add Remove	
			Add Remove	
			Add Remove	
		· · · · · · · · · · · · · · · · · · ·	Add Remove	
<u></u>			Add Remove	
<b>D.</b> If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)				
			SECHELL	
Dated	DECEMBER 12 , 201 Richard 9 Signature of a member of	1 <u>Hompoon</u> or authorized representative of a member	FLORIDA	
RICHARD G. THOMPSON Typed or printed name of signee				
Page 2 of 24				
	Fil	ing Fee: \$2500		