

L120000000601

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2012 OCT -4 AM 11:13

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J. BRYAN

OCT -5 2012

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Git Your Gay On, 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:

John Willoughby

Name of Person

Git Your Gay On, LLC

Firm/Company

2315 1st Avenue North, Apt. 2

Address

St. Petersburg, Florida 33713

City/State and Zip Code

Willwilloughby@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John Willoughby

Name of Person

at (310)

924-9832

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 enclosed) ☐ \$60.00 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/COURIER ADDRESS:

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

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TALLAHASSEE, FLORIDA
SECRETARY OF STATE

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Git Your Gay On, LLC

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

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TALLAHASSEE, FL

The Articles of Organization for this Limited Liability Company were filed on 01/03/2012 and assigned
Florida document number L12000000601

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 "LLC."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2315 1st Avenue North

Apt. 2

St. Petersburg, FL 33713

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2315 1st Avenue North

Apt. 2

St. Petersburg, FL 33713

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:

John Willoughby

New Registered Office Address:

2315 1st Avenue North, Apt. 2

Enter Florida street address

St. Petersburg,

City

Florida

33713

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.

John A. Willoughby
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

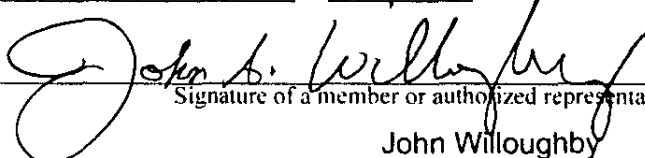
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	John Willoughby	PO Box 3436	<input type="checkbox"/> Add
		Sarasota, FL 34230	<input checked="" type="checkbox"/> Remove
MGRM	John Willoughby	2315 1st Avenue North	<input checked="" type="checkbox"/> Add
		Apt. 2	<input type="checkbox"/> Remove
		St. Petersburg, FL 33713	
			<input type="checkbox"/> Add
			<input 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

October 1, 2012



Signature of a member or authorized representative of a member

John Willoughby

Typed or printed name of signee

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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