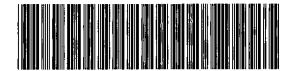
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(Address)						
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(Cit	ty/State/Zip/Phone	; #)				
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D. BRUCE

JAN 1 8 2012

EXAMINER

COVER LETTER

TO: Registratio Division of	n Section Corporations					
SUBJECT:	Fede	rmouse, LLC				
		nited Liability Company				
			•			
The enclosed Article	s of Amendment and fee(s) are su	ibmitted for filing.				
Please return all corre	espondence concerning this matte	er to the following:				
		Bonny Bowyer				
		Name of Person				
	Вс	owyer & McCullough P	'A			
		Firm/Company				
		240 Mohawk Rd				
		Address				
Clermont, FL 34711					3	
		City/State and Zip Code				
	F-mail address:	bmcbbt@cfl.rr.com E-mail address: (to be used for future annual report notification)				
For further information	on concerning this matter, please	,	,	13.33 5.30 A 21.13		
	Bonny Bowyer	at (_ 352)	243-1238			
	ne of Person	Area Code &	Daytime Telephone Num			
Enclosed is a check for	or the following amount:					
✓ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is e	Certifi nclosed) Certif	Filing Fee, icate of Status ied Copy ional copy is e		
MA	AILING ADDRESS:	STREET/C	COURIER ADDRESS	:		

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

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Federmous			
(<u>N</u> :	nme of the Limited Liability Company (A Florida Limited Lia	as it now appear bility Company)	rs on our records.)	
he Articles of Organization	for this Limited Liability Company w	ere filed on	Jan 10, 2012	and assigned
lorida document number	L12000004787			_
his amendment is submitted	to amend the following:			
. If amending name, enter	the new name of the limited liabili	ty company her	<u>e</u> :	
ne new name must be distingu	ishable and end with the words "Limited	l Liability Compa	my," the designation "LI	.C" or the abbreviati
. L.C."	•			
nter new principal offices	address, if applicable:			
<u>Principal office address MU</u>	(ST BE A STREET ADDRESS)			
,	_			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
			35 y 	2
nter new mailing address,	if applicable:		(\$)	3 7
Aailing address MAY BE A	POST OFFICE BOX)		[7]	2 R
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	_		פה	5
. If amending the regist	ered agent and/or registered offic	e address on o		
gistered agent and/or the i	new registered office address here:			
Name of New Regist	tered Agent:			
New Registered Offi	ce 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 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 Title <u>Name</u> <u>Address</u> Type of Action MGRM Carole Ann Federman, TTE Carole Ann Federman Trust dtd 6-3-08 7 Add 804 Hawks Bluff Remove Clermont, FL 34711 Carole Ann Federman MGRM 804 Hawks Bluff ☐ Add Clermont, FL 34711 Remove □ Add Remove □ Add Remove ∏Add Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary. January 12 2012 Dated and Com Federman

Typed or printed name of signee

Page 2 of 2

Signature of a member or authorized representative of a member

Carole Ann Federman, Trustee

Filing Fee: \$25.00