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## **COVER LETTER**

то:	Registration S Division of Co			
SUBJECT: LOLA'S			EGGROLL, LLC	
SCEC			ited Liability Company	
The end	closed Articles o	f Amendment and fee(s) are su	binitted for filing.	
Please i	eturn all corresp	ondence concerning this matter	r to the following:	
D/		AVID P. GRIGALTCHIK  Name of Person		
		D P. GRIGALTCHIK, P.	٩.	
			Firm/Company	
		PARK PLACE SOUTH,	SUITE 215	
Address				
<u> </u>		CKSONVILLE, FL 32257		
		City/State and Zip Code		
		E-mail address: (	FO@GRIGLAW.COM to be used for future annual report r	notification)
For furt	her information	concerning this matter, please of	all:	
DAVID P. GRIGALTCHIK		at (_904_)	738-8398	
	Name	of Person	Area Code & Day	rtime Telephone Number
Enclose	d is a check for t	he following amount:		
<b>₹</b> \$25.	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclo	Section 1 Section 2 Sectio
	Regist Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COU Registration Se Division of Cor Clifton Buildin 2661 Executive Tallahassee, FL	porations g : Center Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LOLA'S EGGROLL, LLC
(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on and assigned Florida document number L12000007722
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
ORGANIZED CONFUSION, LLC
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)
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:
New Registered Office Address:  Enter Florida street address  Enter Florida street address
City Florida 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 = Ma MGRM = N	nager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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D. If amend	ling any other information, enter	change(s) here: (Attach additional sheets, if necessary.)	
			<u></u>
			_
			<del></del>
Dated	MARCH 2	2012	
	Signature of a	member or authorized representative of a member  ALLAN OTEYZA	
		Typed or printed name of signee	<u>.</u>

Page 2 of 2

Filing Fee: \$25.00