## L12000011773

, (Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	· ·
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
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0CT - 9 2012 T. HAMPTON

## (Change NAME)

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: TWUS AMOUT CASE NOW, COM LCC 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:
reaso retain an correspondence concerning and matter to the rottowing.
Chais WhitAla
Se/F
Firm/Company
15271-16 Mc Gregor BLUD Soute 262
Chy/State and Zip Code  Chy/State and Zip Code
CWWORLCGIANG BOMARC COLL
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:  Chus Whitallo at 239 - 85/-5533
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$30.00 Filing Fee & Certificate of Status  Certificate of Status  S55.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
MAILING ADDRESS: STREET/COURIER ADDRESS:  Pagistration Section Pagistration Section

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

Please Change Name to: SAPIBEL Ententainment LLC SAPIBEL Ententainment LLC and Add Kaitlin Whitaken as A MBR.

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

	OI <sup>*</sup>	12.0CT -8 AMII: 40	
TAUDS+ mant	ASC NOW, COL	on our records.)	
(Name of the Limited Liabi	lity Company as it now appears da Limited Liability Company)	on our records,)	
(A Florid	da Limited Liability Company)	1	
The Articles of Organization for this Limited Liability	v Company were filed on	25/2012 and assigned	
Florida document number 4/2000011		<del></del>	
77000			
This amendment is submitted to amend the following	:	(SANIBEL)	
A. If amending name, enter the new name of the l	imited liability company here	•	
_ Sanibel SAMBEL E	Entontain mono	H1.1.C	
The new name must be distinguishable and end with the			
"L.L.C."			
Enter new principal offices address, if applicable:	<u>SAME A</u>	S INVESTMENT CASH NOW. COM	
(Principal office address MUST BE A STREET AD	•	<i>LL</i> 6	
₩ <sub>10</sub> ,			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
		<del> </del>	
B. If amending the registered agent and/or re		ir records, enter the name of the new	
registered agent and/or the new registered office a	aaress nere:		
/			
Name of New Registered Agent:	SATILY		
New Registered Office Address:	······································		
	Ente	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 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 **Title** <u>Name</u> Type of Action KAITLIN Whitaker 15271-16 McGrego Blue Add

SUITE 262 Remove

Fit Mylls Fla 33908 ☐ Remove Remove Add Remove ∏Add Remove  $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member of authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00