L12000040274

(Red	questor's Name)		
(Add	dress)		
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(City	//State/Zip/Phone	e #)	
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HANDION OF CONTRACTOR

C. LEWIS

DEC 1 1 2012

EXAMINER

COVER LETTER

TO:

Registration Section,

Division of Corporations

Myrepsales, LLC

SUBJECT:

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:

Kerrick White

Name of Person

Myrepsales, LLC

Firm/Company

3726 SE Santa Barbara Pl

Address

Cape Coral, FL 33904

City/State and Zip Code

KerrickWhite@gmail.com

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

For further information concerning this matter, please call:

Kerrick White

_{4,,}239 **340-146**8

Name of Person

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



2812 DEC 10 PM 2: 54

Myrepsales, LLC		
(Name of the Limited Liabili (A Florida	ty Company as it now appears on o Limited Liability Company)	ur records.)
(**************************************	3/22/2	
The Articles of Organization for this Limited Liability L12000040274	Company were filed on	and assigned
Florida document number	·	•
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the line MyRep Sales & Marketing, LLC.	nited liability company here:	
The new name must be distinguishable and end with the will.L.C."	ords "Limited Liability Company," th	ne designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	 	
(Principal office address MUST BE A STREET ADD	DRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office ad		ecords, <u>enter the name of the nev</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Flo	orida 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

<u>Title</u>	<u>Name</u>	<u>Address</u> <u>Ty</u>	pe of Action
MGRM [*]	Tony Flammia	735 NE 19th Place, Unit 11	\square_{Add}
		Cape Coral, FL 33909	Remove
			 1
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			Cinove

D. If amen	nding any other information, enter change(s) here: (Attach additional si	(Attach additional sheets, if necessary.) FILES SECRETARY OF STATE WYISION OF CORPORATION	
·		2812 DEC 10	PM 2: 54
Dated	10VEMBER 2 , 20/2.		
•	Signature of a member or authorized representative of a Kerrick White	member	
	Typed or printed name of signee		•

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Filing Fee: \$25.00