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2012 APR 20 AM (1: 0 SECRETARY OF STATI

T. CLINE
APR 23 2012

EXAMINER

COVER LETTER

TO:

Registration Section

Registration Section

P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations

Division of Corporations
SUBJECT: Instants MLB, 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:
David J. Cox Name of Person
Instants MLB, UC
707 Samms Ave. Suite D
Port Orange, FL 32129 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
David J. Cox at (386) 788-2240 Name of Person Area Code & Davtime Telephone Number
Enclosed is a check for the following amount: Second Status Second Status Second Status
MAILING ADDRESS: 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

Instant:	5 MLB, UC	
(<u>Name of the Limited Lia</u> (A Flo	bility Company as it now appears o orida Limited Liability Company)	n our records.)
The Articles of Organization for this Limited Liabil Florida document number	lity Company were filed on <u>Apr</u> 05	11 17, 2012 and assigned
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	e limited liability company here:	
Instants-00	6, LLC	
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Company,	" the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	:	
(Principal office address MUST BE A STREET A	DDRESS)	100
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BO)	<u> </u>	2012 APR 20 SECRETARY O
B. If amending the registered agent and/or r registered agent and/or the new registered office	registered office address on our address here:	records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter	Florida street address
	271101	
_	City	, Florida Zip Code

New Registered Agent's Signature, if changing Registered Agent:

Ŀ

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

<u>itle</u>	<u>Name</u>	Address	Type of Action
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		-	Remove
			Add Remove
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.			Add Remove
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. If amend	ling any other information, enter cha	ange(s) here: (Attach additional shee	ets, if necessary 🗸 🙎
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	Signature of them	per or authorized representative of a me	m h o u

Page 2 of 2

Filing Fee: \$25.00