# 4/2000055510

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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Challenge Coins 4 You 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:
ESCOH Shappe Name of Person
Challenge Coins 4 You LLC
7025 CR 46A STE 1071 # 214
Lake Mary FL 32746 Chy/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Scott Sharpe at (407) 405-4063  Name of Person Area Code & Daytime Telephone Number
en e
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \times \text{S55.00 Filing Fee & S60.00 Filing Fee, Certificate of Status & 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

(Name of the Dimited Liability Company as it now (A Florida Limited Liability Cor	v appears on our records.)
The Articles of Organization for this Limited Liability Company were filed Florida document number 120005510.	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability compa	any here:
The new name must be distinguishable and end with the words "Limited Liability"L.L.C."	Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	
	The second second
	S) THE PROPERTY OF THE PARTY OF
Enter new mailing address, if applicable:	THE THE PERSON NAMED IN
(Mailing address MAY BE A POST OFFICE BOX)	54 6 7
	ত্রী ক্র
B. If amending the registered agent and/or registered office addre registered agent and/or the new registered office address here:	ss on our records, enter the name of the nev
Name of New Registered Agent:	
New Registered Office 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.

	lager anaging Member		
<u>Title</u>	Name	Address	Type of Actio
mgrm	Buddy W.Sharpe	901 Markham Woods Longwood FL 32779	Add Remove
			Add Remove
	<del></del>		∆dd Remove
			Addi
<u></u>	·		Remove
D. If amend	ing any other information, enter chan	nge(s) hgre: (Attach additional sheets, if necessary	<u> </u>

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Filing Fee: \$25.00