# 15000000099V

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	<del></del>
Special Instructions to Filing Officer:	





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## OBJECT LEGAL INCORPORATED 5850 GRANITE PARKWAY, SUITE 215 PLANO TX 75024

TEL: 844-386-0178

FAX: 214-317-4754

EMAIL: zoe@legalinc.com

#### DOCUMENT FILING REQUEST LETTER

Date Mailed: 4/25/2016

From: Zoe Dickson

Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Name of Company: Big Head Caricatures LLC

Please file the attached formation documents, and return the following:

[1] Plain Copy of the filed documents

\*\*Please Fax/Email a copy of the filed documents upon acceptance of filing, if you have any questions on the filing please call me or email me at the number and email listed above\*\*

PLEASE RETURN FILED DOUCMENTS TO:
OBJECT LEGAL INCORPORATED
5850 GRANITE PARKWAY, SUITE 215
PLANO TX 75024

#### **COVER LETTER**

	egistration Sec ivision of Corp			
SUBJECT		aricatures LLC		
SUBJECT	:		ited Liability Company	· · · · · · · · · · · · · · · · · · ·
The enclos	ed Articles of A	Amendment and fee(s) are sub	mitted for filing.	
Please retu	rn all correspor	ndence concerning this matter	to the following:	
		Nancy Luna		
			Name of Person	· · · · · · · · · · · · · · · · · · ·
		Rocket Lawyer		
			Firm/Company	<del> </del>
		5850 Granite Parkway, Sui	ite 215	
			Address	·
		Plano, TX 75024		
			City/State and Zip Code	41. At 45.
		bigheadcaricatures@yahoo.		
		E-mail address: (	to be used for future annual report notific	cation)
For further	information co	oncerning this matter, please ca	all:	
Nancy Lur	na		818 967-1467 at ()	
	Name of	Person	Area Code Daytime	Telephone Number
Enclosed is	s a check for th	e 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

Big Head Cari	
(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document numberL12000060296  This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liabi	
The new name must be distinguishable and contain the words "Limited Liabili	ty Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	1502 Braewick Street
(Principal office address MUST BE A STREET ADDRESS)	Winter Springs, Florida 32708
(Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here  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:	City Zip Code
I hereby accept the appointment as registered agent and agree provisions of all statutes relative to the proper and complete accept the obligations of my position as registered agent as peing filed to merely reflect a change in the registered office company has been notified in writing of this change.  If Chan	performance of my duties, and I am familiar with and rovided for in Chapter 605, F.S. Or, if this document is

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = M $AMBR = A$	anager uthořized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Add
			□ Remove
			Change
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ffective date, if other than the	date of filing: be specific and cannot be prior to date of filing or more	(optional)
	ck does not meet the applicable statutory filing	
seament seriestive date on the Se	partition of state 3 records.	
	effective date, but not an effective tir ord is filed.	ne, at 12:01 a.m. on the earlier
ine 90th day after the reco		
·	2016	
·	· · · · · · · · · · · · · · · · · · ·	2016
•	2016  Signature of a member or authorized representative of	
The 90th day after the reconstant April 4  "Quinto State Sta	Signature of a member or authorized representative o	fa member
Pated April 4	int,	fa member

Filing Fee: \$25.00