

Florida Department of State
Division of Corporations
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(((H17000164368 3)))



H170001643683ABC3

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : SCOTT M. GOLDBERG, PLLC
Account Number : I20080000012
Phone : (407)210-6588
Fax Number : (866)781-4433

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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: Sharoncarole@gmail.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
BIG TOPEVIL, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$25.00

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TALLAHASSEE, FLORIDA

JUN 21 2017
J. HARRIS

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

H170001643683

BIG TOP EVIL, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05/18/2012 and assigned
Florida document number L12000067485.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

2718 Casey Key Road

Nokomis, FL 34275

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new 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:

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 605, 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

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

H170001643683

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	POTTER, CHRISTOPHER	4809 79th Avenue Drive East	<input type="checkbox"/> Add
		Sarasota, FL 34243	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
MGR	HAITZ, SEAN	1321 W Alameda Ave	<input type="checkbox"/> Add
		Burbank, CA 91506	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
MGR	CAROLE, SHARON	2718 Casey Key Road	<input type="checkbox"/> Add
		Nokomis, FL 34275	<input type="checkbox"/> Remove
			<input checked="" type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
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			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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 Change
 Add
 Remove
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