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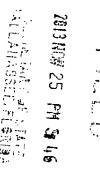
(Requestor's Name)
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## **COVER LETTER**

Division of Corp	oorations				
SUBJECT: DI≤C	OUNT MAILBOXE	ed Liability Company			
	Name of Limit	ed Liability Company			
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.			
Please return all correspor	ndence concerning this matter	to the following:			
		,			
	TERI	WARREN			
	!	Name of Person			
				28	
	-	Firm/Company		2013 NOV 25	t The se
	/ / -				
	11300 Lia	DBERGH BUD.	103	SE SE	
		Address		HOW 25 PA	1 - 2 -
	FT. MYE	Address  RS FL 33913  City/State and Zip Code  TS @ GMAIL Co			
		City/State and Zip Code			
	TDS Ø95	. TS @ GMAIL. CO	om		
	E-mail address: (to	o be used for future annual report notification	on)		
For further information co	oncerning this matter, please ca	all:			
TERI	Warren	at ( <u>239</u> ) 961 - 25 Area Code & Daytime Te	10		
Name of	Person	Area Code & Daytime Te	lephone Number		
Enclosed is a check for the	e following amount:				
\$25.00 Filing Fee	□\$30.00 Filing Fee &	□\$55.00 Filing Fee &	□\$60.00 Filin	ıg Fee,	
	Certificate of Status	Certified Copy		of Status &	
		(additional copy is enclosed)	Certified C (additional	Lopy I copy is enclose	ed)
	•			- •	

MAILING ADDRESS:

**Registration Section** 

TO:

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

DISCOUNT MAILBOY  (Name of the Limited Liability (A Florida	(ES OK SWA y Company as it now ap	EL LL C pears on our records.)	<del></del>
The Articles of Organization for this Limited Liability  Florida document number	Company were filed on _		2 and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited liability company	here:	28H3
The new name must be distinguishable and end with the we "L.L.C."	·	•	and the second second
Enter new principal offices address, if applicable:  (Principal office address MUST BE A STREET ADD	11300   FORT	LINDBERSH MYENS, FL	1 BLVD # 103 33913
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	11300 FORT	LINDBERGE MYERS, FL	4 BLVD., #103 . 33913
B. If amending the registered agent and/or registered agent and/or the new registered office ad	dress here:		
Name of New Registered Agent:	TERRY SOL	omon	D. #103
New Registered Office Address:	11300 LINDE	BERSH BLV	D. #103
	FORT MYER City	S, Florida	33913 Zip Code
New Registered Agent's Signature, if changing Register	ed Agent:		
I harahy account the approintment as registered again	t and naree to act in th	is canacity I further	garee to comply with

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

Page 1 of 3

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member **Title Type of Action Address Name** TIMOTHY SOLOMON 13416 LITTLE GEM CIRCLE Add FORT MYERS, FL 33913 Remove Remove Remove Add Remove Remove

O. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
ated	1 ALVEMBER 2013.
	Signature of a member or authorized representative of a member
	TERRY SOLOMON TIMOTHY SOLOMON
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00