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J. SAULSBERRY EXAMINER AUG 21 2012

## **COVER LETTER**

TO:

TO:	Registration S Division of Co						
			PROOF, LLC				
SCLUE			ited Liability Company				
The end	closed Articles of	f Amendment and fee(s) are sub	omitted for filing.				
Please	return all corresp	ondence concerning this matter	to the following:				
C.		C	. Todd Marks, Esquire				
			Westchase Law, P.A.				
		41	Firm/Company		<del></del> !	~	
		1	2029 Whitmarsh Lane Address		SEORE	2012 AUG 20	
<del></del>			Tampa, FL 33626  City/State and Zip Code		TARY	6 20	֡֞֜֜֜֜֜֜֜֜֝֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֡֓֓֓֓֓֡֓֓֡֓֡֓֡֓֡
		Too E-mail address: (	Id@westchaselaw.com to be used for future annual report notification	on)	OF STATE	AM 8: 32	ſ
For fur	ther information	concerning this matter, please c	all:		AD A	32	
		ld Marks, Esquire	at ( 813 ) 490 Area Code & Daytime Tel	0-5211 ephone Number			
Enclose	ed is a check for t	the 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 Filir Certificate Certified ( (additiona	of Status Copy		l)
	Regist Divisi P.O. B	LING ADDRESS: tration Section on of Corporations Box 6327 assee, FL 32314	STREET/COURIER A Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	าร			

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	FULLPROOF, LLC				
( <u>Name of the Limited Li</u> (A Fl	ability Company as it now apported Limited Liability Compan	ears on our records.) y)			
The Articles of Organization for this Limited Liab	-	August 15, 2012	and assig	med	
Florida document numberL120001053	92				
This amendment is submitted to amend the follow	ing:				
A. If amending name, enter the new name of the	e limited liability company l	here:			
The new name must be distinguishable and end with t "L.L.C."	he words "Limited Liability Cor	npany," the designation "LL	C" or the ab	breviatio	
Enter new principal offices address, if applicab	le:	Ä	<b>201</b>		
(Principal office address MUST BE A STREET	ADDRESS)	, <u>D</u>	CRET	Ţ	
			6 2C	1	
Enter new mailing address, if applicable:		T. T	Y OF:	in	
(Mailing address MAY BE A POST OFFICE BO	 D <b>X</b> )	9			
		DA	8		
				_	
B. If amending the registered agent and/or registered agent and/or the new registered offic	_	n our records, <u>enter the</u>	e name of	the nev	
Name of New Registered Agent:		w			
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.

If Changing Registered Agent, Signature of New Registered Agent

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 MGRM = Managing Member Title **Address Type of Action** Name Lisa Krowne MGRM 777 7th Street Northwest, Apt. 1134 ☐ Add ∇ Remove Washington, D.C. 20001 Elizabeth Krowne MGRM 777 7th Street Northwest, Apt. 1134 ✓ Add Washington, D.C. 20001 ☐ Remove ☐ Add Remove Add Remove □Add Remove  $\square$ Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated Signature of a member or authorized representative of a member

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00