L12000123740

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2012 OCT 31 PM 2: 39
SECRETARY OF SOME ALLAHASSEE. FLORES

J. BRYAN
NOV -1 2012
EXAMINER

COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT:	Name of Limited Liability Company	-		
The enclosed Articles of A	Amendment and fee(s) are submitted for filing.			
Please return all correspon	ndence concerning this matter to the following:			
	GEORGE WATTERS Name of Person	_		
	Firm/Company	_		
	3650 AMELIA WAY	SE	2012	
	Address	AET	2012 OCT 3 I	<u> </u>
	PALM HARROR FI 34684	ARY ASSE	$\frac{\omega}{}$	
	City/State and Zip Code Buy SELLANY THING @ GMAIL. Cow E-mail address: (to be used for future annual report notification)	OF STATE	PM 2: 39	
For further information con	ncerning this matter, please call:			
GHORGE Name of	Person at (777) 542 - 8589 Area Code & Daytime Telephone Numl			
ranie or	74 ca Code & Dayune Telephone Numb	,cı		
Enclosed is a check for the	e following amount:			
\$25.00 Filing Fee	Certificate of Status Certified Copy Certificational copy is enclosed) Certificational copy is enclosed)	Filing Fee, cate of Sta led Copy onal copy	atus &	osed)

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

October 5, 2012

GEORGE WALTERS 3650 AMELIA WAY PALM HARBOR, FL 34684

SUBJECT: BUYSALEANYTHING.LLC

Ref. Number: L12000123740



We have received your document for BUYSALEANYTHING.LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Joey Bryan Regulatory Specialist II

Letter Number: 212A00024764

ARTICLES OF A MENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability Compan	Y as it now appears on our records.) ability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L12000123740</u>	0.01.21.22
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil BUYSELLANY The new name must be distinguishable and end with the words "Limit" L.L.C."	HING, LLC
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	DEC 120
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	CT 31 PH 2: 40 ATTACK OF STATE ATTACKSEE, FLORIDA
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

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Zip Code

. 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	<u>Name</u>	Address	Type of Action
MGR	GEORGE WAITERS	3650 Amelia Way Palm Harbor FL 34684	_ ⊠ Add _
مين د الم	· .		Add Remove
			Add Remove _
			Add Remove
			_□Add _□Remove -
			Add Remove
D. If amendin	g any other information, enter change(s	·m≺ To	FILED
Dated	Die Mais		-
_	Challes aft Can	r authorized representative of a member printed name of signee	

Page 2 of 2

Filing Fee: \$25.00