

L12000124504

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

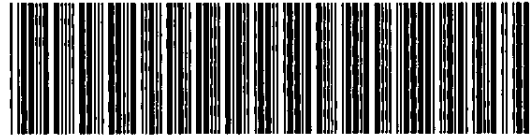
L12-124504

(Document Number)

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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA
12 NOV 13 PM 3:26

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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Self-I., LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Terrell White

Name of Person

Firm/Company

3018 Pembroke Dr.

Address

Orlando, FL 32810

City/State and Zip Code

selfinc.ghost@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Terrell White

Name of Person

at (**321**)

576-4163

Area Code & Daytime Telephone Number

Enclosed is a check for 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 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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 18, 2012

TERREL WHITE
3018 PEMBROOK DRIVE
ORLANDO, FL 32810

SUBJECT: SELF-I., LLC
Ref. Number: L12000124504

We have received your document for SELF-I., 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.

Neysa Culligan
Regulatory Specialist II

Letter Number: 312A00025729

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

Self-l., LLC

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

FILED

12 NOV 13 PM 3: 26

STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on 09/28/2012 and assigned Florida document number L12000124504.

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 end with 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)

3018 Pembroke Dr.
Orlando, FL 32810

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

3018 Pembroke Dr.
Orlando, FL 32810

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:

3018 Pembroke Dr.

Enter Florida street address

Orlando

Florida

32810

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Terrell White	3018 Pembroke Dr Orlando, FL 32810	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

EIN Number 46-1145589

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Dated Sept 13, 2012

Lawrence O. R. Yancy II

Signature of a member or authorized representative of a member

Terrell White

Typed or printed name of signee