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TALLAHASSEE, FLOSIO:

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D. BRUCE

NOV 1 4 2012

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Right Now Ventures 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:
Michael WRight Name of Person  RIGHT NOW VENTURES LLC  Firm/Company
1938 DREKKAR CT Address
Oviedo, FL 32765  City/State and Zip Code
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
For further information concerning this matter, please call:
Michael Wright at (407) 542-8777  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  \$25.00 Filing Fee 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

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KIGHT NOW VENT	URES	LLC				
(Name of the Limited Liability Com (A Florida Limite	npany as it now a ed Liability Comp	ppears on our any)	r records.	<u> </u>		
The Articles of Organization for this Limited Liability Compa	any were filed or	October	15,2012	and assig	gned	
Florida document number <u>L12QQQ13Q697</u> .			'			
This amendment is submitted to amend the following:						
A. If amending name, enter the new name of the limited li	liability compan	v here:				
The new name must be distinguishable and end with the words "Li".L.C."	Limited Liability (	Company," the	designation "LL	.C" or the ab	breviat	_ ion
Enter new principal offices address, if applicable:				· · · · · · · · · · · · · · · · · · ·	- Since	
(Principal office address MUST BE A STREET ADDRESS)	2			<u> </u>	N	_
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Enter new mailing address, if applicable:					O	
(Mailing address MAY BE A POST OFFICE BOX)				50	-	
				BH	0	- ( -
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		on our rec	ords, <u>enter th</u>	e name of	the n	<u>ew</u>
Name of New Registered Agent:						-
New Registered Office Address:						_
		Enter Flor	ida street addre	ess		
			, Florida			_
	Citv			Zin 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> **Address** Name Type of Action MGRM Robin Wright DREKKAR Ct [ Oviedo, FL 32765 Remove Remove Remove

. If an	nending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
,	
ated _	NOVEMBRE 8, 2012.
	NOVEMBER 8, 2012. Michael Weight
	Signature of a member or authorized representative of a member
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00