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SECREMARY OF STATE TALLAND SSEE, FLORID

D. BRUCE NOV 0 2 2012 EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Storehouse PLLC 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:	
Many Oiglio Name of Person	
Firm/Company	
P.O. Box 149717  Address	
City/State and Zip Code  Usainvertion ow Comail.com  E-mail address: (No be used for future annual report notification)	APPROVE AND FILED 2 NOV - 1 PM SECRETARY OF ALLAHASSEELF
For further information concerning this matter, please call:	
Onthony Prisciandaro  at (\forall 407 ) 731-78\forall 8  Area Code & Daytime Telephone Number	50 RIDA
Enclosed is a check for the following amount:	
(additional copy is enclosed) Certified	e of Status &

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

Store house PLL	LC		
(Name of the Limited Liability Compa (A Florida Limited)	any as it now appears on our Liability Company)	records.)	
The Articles of Organization for this Limited Liability Company Florida document number	y were filed on <u>OCTOBL</u>	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited lial	bility company here:		
The new name must be distinguishable and end with the words "Lim"L.L.C."	nited Liability Company," the	designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		SECR FALL	
(Principal office address MUST BE A STREET ADDRESS)			TI
Enter new mailing address, if applicable:	<del></del>	RY OF ST	NO !
(Mailing address MAY BE A POST OFFICE BOX)		77 5 10 7 0	
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address here.		rds, enter the name of the new	<u>'</u>
Name of New Registered Agent:			
New Registered Office Address:	Enter Flori	da 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, <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 **Name Address Type of Action** 1481 Overland Drive MGR Remove MGR Remove 🔲 Add ☐ Remove Remove  $\square$ Add Remove 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 Anthony Prisciandaro Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00