## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H12000291589 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : ALRON ENTERPRISES, INC.

Account Number : I20000000113 Phone : (321)951-7626

Fax Number : (321)723-8218

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN THANK ME LATER LLC

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Corporate Filing Menu

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DEC 1 4 2012

T. HAMPTON

12/12/2012



December 13, 2012

FLORIDA DEPARTMENT OF STATE
Division of Corporations

THANK ME LATER LLC 329 FITNESS CIR. 6 MELBOURNE, FL 32901

SUBJECT: THANK ME LATER LLC

REF: L12000137623

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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

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

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

FAX Aud. #: H12000291589 Letter Number: 912A00029439

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12 DEC 13 AH 6: 49
SECRETARY OF STATE
ALLAHASSEE. FLORIDA

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## ARTICLES OF AMENDMENT TO FILED SEGRE FARY OF STATE DIVERSITY OF STATE

## ARTICLES OF ORGANIZATION OF

RGANIZATION

	THANK ME LATER L	LC i	·
(Name of the Limited	Liability Company as it no	w appears on our records.)	
The Articles of Organization for this Limited Li Florida document number L120001376	ability Company were filed	40/20/2042	and assigned
This amendment is submitted to amend the follo	owing:		
A. If amending name, enter the new name of	the limited liability comp	oany here:	
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited Liabili	ty Company," the designation "I	.LC" or the abbreviation
Enter new principal offices address, if applica	able:		
(Principal office address MUST BE A STREE	T ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE I  B. If amending the registered agent and/or the new registered of	or registered office addr	ess on our records, <u>enter t</u>	
Name of New Registered Agent:			
New Registered Office Address:	·		
		Enter Florida street add	ress
		, Florida	
	City		Zip Code
New Registered Agent's Signature, if changing R	tegistered Agent:		
I hereby accept the appointment as registered the provisions of all statutes relative to the pracept the obligations of my position as registeing filed to merely reflect a change in the recompany has been notified in writing of this decompany has been notified in writing of the decompany has been notified in writing the decompany has been notified in the decompan	roper and complete perfortered agent as provided judgestered office address, change.	ormance of my duties, and I of for in Chapter 608, F.S. Or, I hereby confirm that the lin	nm familiar with and if this document is nited liability
	If Changing Regis	tered Agent, Signature of New Re	gistered Agent

If amending or Managing	the Managers or Managing Members Member being added or removed fro	on our records, enter the title, name, and address mour records:	of each Manager
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Alron Inc.

(FAX) 3217238218

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