

L12000142203

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

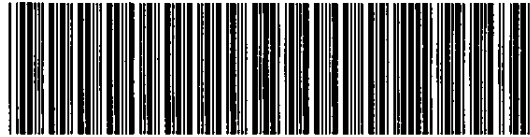
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

DEC 27 2012

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Autographia Authentics L.L.C.  
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:

ALAN WEISS

Name of Person

Firm/Company

4207 S. Dale Mabry HWY APT-12307

Address

Tampa, Florida 33611

City/State and Zip Code

alweiss@spartans.ut.edu

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

For further information concerning this matter, please call:

Alan Weiss

Name of Person

at (516) 445-8997

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

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TALLAHASSEE, FLORIDA

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

Autographia Authentics L.L.C.

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

The Articles of Organization for this Limited Liability Company were filed on 11.8.12 and assigned  
Florida document number L12 000142203

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

RHYPE Tickets L.L.C.

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)

4207 S. Dale Mabry Hwy  
APT - 12307  
Tampa, FL 33611

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4207 S. Dale Mabry Hwy.  
APT - 12307  
Tampa, FL 33611

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:

Alan Weiss

New Registered Office Address:

4207 S. Dale Mabry Hwy. Apt - 12307  
*Enter Florida street address*

Tampa

Florida

33611

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.*

Alan Weiss  
*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	Zachary Levine	2555 PGA Blvd #419	<input type="checkbox"/> Add
		Palm Beach Gardens FL 33410	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Remove

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

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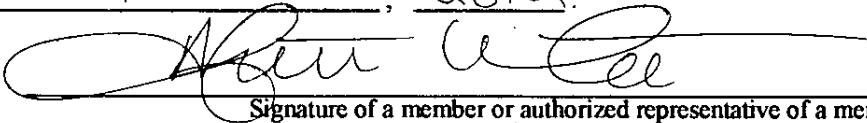
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Dated 12.19, 2012.



Signature of a member or authorized representative of a member

ALAN WEISS

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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