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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE
ALLAHASSEF, FINALE

OCT 1 7 2013 T. BROWN

## COVER LETTER

TO: Registration Section **Division of Corporations** 

Notice To Go.Com, 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:

Edward B. Brown

Name of Person

Notice To Go.Com, LLC

Firm/Company

9641 Wyeth Court

Wellington, FL 33414

City/State and Zip Code

ebbiv@live.com

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

For further information concerning this matter, please call:

Edward B. Brown

at (561) 707-8379

Area Code & Daytime Telephone Number

Name of Person

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

## ARTICLES OF AMENDMENT ARTICLES OF ORGANIZATION **OF**

Notice To Go.Com, LLC

(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 01/02/2013	and assigned
Florida document number L1300000455		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
The new name must be distinguishable and end with the words "Limit" L.L.C."	ed Liability Company," the designati	on "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here		ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida stree	t address
	, Florid	a
	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 kereby 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>	Name	Address	Type of Action
MGRM	Kevin R. Brown Sr.	9641 Wyeth Court	Add
		Wellington, FL 33414	Remove
MGRM	Elizabeth M. Brown	9641 Wyeth Court	
		Wellington, FL 33414	Remove
-			Add Remove
			Add
			Add Remove
			Add Remove

D. If ar	mending any other information, er	nter change(s) here: (Attach additional sheets, if necessary.)
Dated _	October 14th	, 2013
	Flaker	
	Signature c	f a member or authorized representative of a member
	Edward B. Brown	
	<del></del>	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00