

# L130000003421

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2013 JUL 22 PM 2:55  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

JUL 23 2013  
J. BRYAN

## COVER LETTER

TO: Registration Section,  
Division of Corporations

SUBJECT: **SHOUT factory, 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:

**Alfred Pena**

Name of Person

Firm/Company

**8768 NW 110 Lane**

Address

**Hialeah Gardens, FL 33018**

City/State and Zip Code

**info@shoutfactory.net**

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

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For further information concerning this matter, please call:

**Alfred Pena**

Name of Person

at ( **786** ) **547-5648**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

**SHOUT factory, 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 1/8/13 and assigned  
Florida document number L13000003421

This amendment is submitted to amend the following:

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

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)**

8768 NW 110 Lane  
Hialeah Gardens, FL 33018

**Enter new mailing address, if applicable:**  
**(Mailing address MAY BE A POST OFFICE BOX)**

8768 NW 110 Lane  
Hialeah Gardens, FL 33018

**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:**

Alfred Pena

**New Registered Office Address:**

8768 NW 110 Lane

*Enter Florida street address*

Hialeah Gardens

*City*

, Florida 33018

*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.*

Alfred Pena  
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	OPP Trust	8768 NW 110 Lane	<input checked="" type="checkbox"/> Add
		Hialeah Gardens, FL 33018	<input type="checkbox"/> Remove
MGR	Allan Gobin	29690 SW 183 Ct.	<input type="checkbox"/> Add
		Homestead, FL 33030	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<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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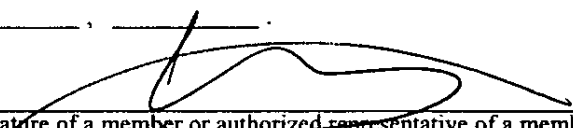
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Dated \_\_\_\_\_

  
Signature of a member or authorized representative of a member

ALLAN GORIN  
Typed or printed name of signee

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Filing Fee: \$25.00

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