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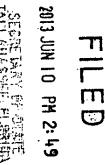
(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	me)
(Do	ocument Number)	
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JUN 11 2013 J. BRYAN

COVER LETTER

SUBJECT: That	To what we	Do	
		ed Liability Company	
The enclosed Articles of A	Amendment and fee(s) are sub-	mitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
	JOHN AA	Kinson	
	ThAT'S Wh	Name of Person of We Do.	では、大
		Firm/Company	TI O
	921 SW	88 Terr.	
	Plantative	n H 33324	5
	John AJ,	City/State and Zip Code O COM o be used for future annual report notificati	on)
For further information co	oncerning this matter, please ea	all:	
Joth Ath	UNSON Person	at (<u>954)</u> <u>593-4</u> Area Code & Daytime Te	S 4S Icphone Number
Enclosed is a check for th	e 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

TO:

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

THAT'S WHAT WE DO, 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 1/23/2013	and assigned
Florida document number L13000013967	·	- 4, -27 · · · ·
This amendment is submitted to amend the following	:	
A. If amending name, enter the new name of the l	imited liability company here:	•
The new name must be distinguishable and end with the "L.I.C."	words "Limited Liability Company," the	designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AD	DRESS)	
Enter new mailing address, if applicable:		# 2: F
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or re- registered agent and/or the new registered office a		ords, enter the name of the new
Name of New Registered Agent:	······································	· .
New Registered Office Address:	Futor Flori	da street address
	Enter Piort	
	City	, Florida 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, 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>	Address	Type of Action
			Add
			Remove
MGRM	MARIO ROBUS	2851 RIVERSIDE	DR. #302 1 Add
		CORAL SPRINGS	FC. 33065 Remove
			Add
			Remove
			Remove Remove
		No. 30-4-1-	Remove
			Add
		Remove	
			Add
			Remove

D. If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	i 7 13 (1./ · /
Dated	<u>6-7-13</u>
	Signature of a member or authorized representative of a member
	Typed or printed name of signee Page 3 of 3

Filing Fee: \$25.00

