

L1300003147

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

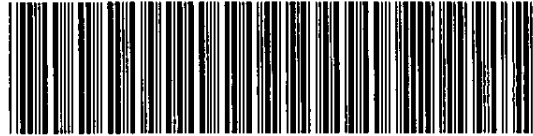
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/27/13--01027--013 **25.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 MAR 27 AM 11:35

MAR 28 2013

7:11 PM '13

TO: Florida Dept. of State

March 25th 2013

FR: Julie Geiger

RE: Change of Name

Please find the Articles of Amendment enclosed for your review as well as the filing fee of \$25.00.

Please change the Name of The Limited Liability Corporation and provide

any written correspondence to the following address;

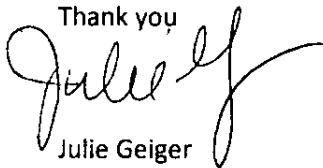
House of Bugs by Geiger's

1915 13th Ave N

St. Petersburg, FL 33713

Please contact me if any questions arise at 727-323-9595

Thank you

A handwritten signature in black ink, appearing to read 'Julie Geiger', with a stylized flourish extending from the end.

Julie Geiger

House of Bugs by Geiger's, LLC

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

The Bug Shoppe by Geiger's, 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 Feb 28, 2013 and signed
Florida document number L13000031147.

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This amendment is submitted to amend the following:

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

House of Bugs by Geiger's, LLC

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

New Registered Office Address:

Enter Florida street address

Florida

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.

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

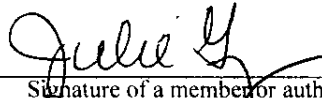
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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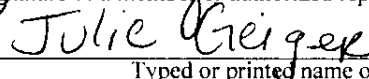
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated _____



Signature of a member or authorized representative of a member



Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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