

4/18/13

**L13000050658**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page.**  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : MBLAW  
Account Number : 120060000180  
Phone : (352) 240-3218  
Fax Number : (352) 240-3219

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address:

Kim@bosshardt law. com.

RECEIVED  
13 APR 18 PM 4:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
FLORIDA MAD MEN, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

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13 APR 18 AM 7:22  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

APR 19 2013

T. HAMPTON

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**COVER LETTER**

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: **FLORIDA MAD MEN, 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:

**Kimberly Bosshardt**

Name of Person

**Moulton Bosshardt, LLC.**

Firm/Company

**5532 NW 43rd Street**

Address

**Gainesville, FL 32653**

City/State and Zip Code

**kim@bosshardtllaw.com**

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

For further information concerning this matter, please call:

**Kimberly Bosshardt**

Name of Person

**352 240-3218**

at (

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$50.00 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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**ARTICLES OF AMENDMENT  
 TO  
 ARTICLES OF ORGANIZATION  
 OF**

**FLORIDA MAD MEN, 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 April 5, 2013 and assigned  
 Florida document number L13000050658.

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) \_\_\_\_\_

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

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 DIVISION OF CORPORATIONS  
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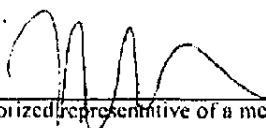


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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Please correct spelling of MGRM "Daniel Sarks" to "Daniel Sarkis"

Dated April 18, 2013

  
Signature of a member or authorized representative of a member

Kimberly Bosshardt

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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