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MAY 11 2017 S. YOUNG SECRETARY OF STATE ALLAHASSEE, FLORIDA

COVER LETTER

	WERS, LLC			
SUBJECT:	Name of Lim	ited 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:		
	Michael J. Faehner, Esq.			
		Name of Person		
	M. Faehner, Esq., LLC			
		Firm/Company		
	600 Bypass Drive, Suite 10	00	4 * (338
		Address		7.6
	Clearwater, FL 33764		ication)	355
		City/State and Zip Code	P	بر. پین
	filings@mfaehner.com		بب	5
	E-mail address: (to be used for future annual report notif	ication)	
For further information co	oncerning this matter, please ca	all:		
Michael Faehner		727 443-5190 at ()		
Name of	Person	Area Code Daytime	Telephone 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 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

EASY ANSWERS, LLC	
(Name of the Limited Liability Compa (A Florida Limited L	ny as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number L13000052037	were filed on 04/09/2013 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	ility company here:
he new name must be distinguishable and contain the words "Limited Liabili	ity Company," the designation "LLC" or the abbreviation "L.L.C."
nter new principal offices address, if applicable:	
Principal office address MUST BE A STREET ADDRESS)	
	5
nter new mailing address, if applicable:	
Mailing address MAY BE A POST OFFICE BOX)	بي
t. If amending the registered agent and/or registered of egistered agent and/or the new registered office address here Name of New Registered Agent:	
Nove Designated OCC of Address	
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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Candyman Management, LLC	468 4TH AVENUE SOUTH	Add
		ST PETERSBURG, FL 33701	□ Remove
			Change
MGR	REPKO, ROBERT	468 4TH AVENUE SOUTH	□ Add
		ST PETERSBURG, FL 33701	■ Remove
			diang = C
 .			- Add SSE
			Remove Change
			Change
			□ Add
			□ Remove
			□ Change
	 		
			□ Remove
			Change
			
			Remove
			Change

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		16
		9
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(If an effective date is listed, the date mu		بن (optional) ore than 90 days after filing.) Pursuant to 605.0207
document's effective date on the D	epartment of State's records. I effective date, but not an effective ti	
The 90th day after the rec	ord is filed.	
Dated May 9	2017	
My 4	Signature of a member or authorized representative of	of a member
/ 1	• · · · · · · · · · · · · · · · · · · ·	** **
Michael J. Faehner, Esc		

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Filing Fee: \$25.00