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.

(((H130001306743)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062 Phone : (323)962-8600 Fax Number : (323) 962-3889 Fax Number

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

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FAMILY ENTERPRISE SOLUTIONS LLC

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$55.00

	-	·	
	·	<u>K</u>	
نيا	₹		
E N	e El	ectionic Filing Me	nu
\mathcal{O}	=	HAR	
CT CT	N N	<u> </u>	
	13	AE AE	

Corporate Filing Menu

Help

COVER LETTER

	egistration Section division of Corporations	
SUBJEC	; FAMILY ENTERPRISE SOLUTIONS LLC	
	(Name of Limited Liability Company)	
The enclo	od Articles of Amendment and fcc(s) are submitted for filing.	
Please ret	un all correspondence concerning this matter to the following:	
	Barbara Dang	
	(Name of Person)	
	Legalzoom.com, Inc.	
	(Firm/Company)	
	100 W. Broadway Suite 100	
	(Address)	
	Glendale, CA 91210	
	(City/State and Zip Code)	
For furthe	information concorning this matter, please call:	
Barbar	Dang at / 323) 962-8600	
	(Name of Person) at (323) 962-8600 (Area Code & Daytime Telephone Number)	
B (1)		
	s a check for the following amount:	
\$2 5.00	Filing Fee \$\int \frac{\$30.00}{\$100}\$ Filing Fee \$\int \frac{\$\sqrt{355.00}\$ Filing Foe \$\int \frac{\$contine Fee}{\$contine Fee}\$}\$ Certificate of Status \$\int \frac{\$contine Fee}{\$contine Fee}\$}\$ Certified Copy \$\int \frac{\$contine Fee}{\$contine Fee}\$}\$ Certified Copy \$\int \frac{\$contine Fee}{\$contine Fee}\$}\$ Certified Copy \$\int \frac{\$contine Fee}{\$contine Fee}\$}\$	

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314 STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building

Clifton Building 2661 Executive Center Circle Tullahassee, FL 32301

3234 47473 F. Ph: Tony Burroughe

2013 JUN 10 AM 8: 30

SECRETARY OF STATE TALLAHASSEE, FLORIDA

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FAMILY ENTERPRISE SOLUTIONS 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 05/21/2013 and assigned
Florida document number <u>L13000073991</u>
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."
Vi. 18
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:
registered agent and/or the new registered office address here: Name of New Registered Agent:
Name of New Registered Agent: New Registered Office Address:
Name of New Registered Agent: New Registered Office Address: (Enter Florida street address)
Name of New Registered Agent: New Registered Office Address:
Name of New Registered Agent: New Registered Office Address: (Enter Florida street address) , Florida

Page 1 of 2

(If Changing Registered Agent, Signature of New Registered Agent)

MGR = Manager

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:

MGRM = Managing Member Title Name Address Type of Action 7707 MERRILL RD. #11658 JACKSONVILLE, EL 32277 MORM JENNINGS, ADAM ∏ Add Remove Add A Remove □ Add Remove ∐Add Remove \square Add Remove □Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) The managing member DIANA ZACHER shall assume the title: Manager (MGR) 06/10 Dated Signature of a member of authorized representative of a member DIANA ZACHER Typed of printed name of signee Page 2 of 2 Filing Fee: \$25.00