P.001

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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B. BOSTICK

Electronic Filing Menu Corporate Filing Menu

Help

NOV 19 2014

EXAMINER

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	sic explorations LLC	
(Name of the Limited Linbility Comp (A Florida Limited	any as It now appears on our re- Liability Company)	cords.)
The Articles of Organization for this Limited Liability Compan	y were filed on 6/7/2013	and assigned
Florida document number L13000083020		
This amendment is submitted to amend the following:		
A. If amending name, enter the new pame of the limited lia	<u>bility company here</u> :	
The new name must be distinguishable and end with the words "Lin"L.L.C."	nired Liability Company," the des	ignation "LLC" or the abbreviation
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 or registered agent and/or the new registered office address being the new registered of the n	office address on our records re:	s, enter the hame of the nev
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida s	
	Enter Plorida's	rrei aaaress
	City . Flo	orida Zip Code
New Registered Agent's Signature, If changing Registered Agent	<u>.</u>	•

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 sturites 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

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the fitte, name, and address of each Manager of	<u>)I.</u>
Authorized Member being added or removed from our records:	

MGR = Manager AMBR = Authorized Member Title Name Address Type of Action Susan Wilchinsky **AMBR** 11 Franklin Street Ansonia, CT 06401 Remove

Page 2 of 3

17, 11 (11)(uding any other information, enter change(s) here: (Auach additional sheets, if necessary).)
~	
~	
-	
-	
-	
E. Effecti (If an effec	ive date, if other than the date of filing:
Dated //	-17-14
	Signature of a member or authorized representative of a member
	Mark Wilchinsky, Member
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00

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