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ECRETARY OF STATE

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COVER LETTER

TO: Registration Se Division of Cor		& .	.,
SICK AND SUBJECT:	TIRED, LLC		
SUBJECT:	Name of Limi	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subr	nitted for filing.	
Please return all correspo	ndence concerning this matter t	to the following:	
	Michael J. Faehner, Esq.		
		Name of Person	
	M. Faehner, Esq., LLC		
	·	Firm/Company	
	600 Bypass Drive, Suite 10	00	
		Address	
	Clearwater, FL 33764		
		City/State and Zip Code	· · · · · · · · · · · · · · · · · · ·
	filings@mfaehner.com		
	E-mail address: (t	o be used for future annual report notif	ication)
For further information co	oncerning this matter, please ca	ıll:	
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

SICK AND TIRED, LLC		
(Name of the Limited Liability Con (A Florida Limit	npany as it now appears on our re led Liability Company)	ecords.)
The Articles of Organization for this Limited Liability Compa	any were filed on $\frac{06/27/2013}{}$	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited li	iability company here:	
The new name must be distinguishable and contain the words "Limited Li	iability 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	<u> </u>	
		·
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered registered agent and/or the new registered office address by Name of New Registered Agent: New Registered Office Address:	here:	
	Enter Florida street a	ddress
	City	, Florida
New Registered Agent's Signature, if changing Registered Age		Zip Code
I hereby accept the appointment as registered agent and a provisions of all statutes relative to the proper and complete the obligations of my position as registered agent a being filed to merely reflect a change in the registered off.	agree to act in this capacity. ete performance of my dutie as provided for in Chapter 6	s, and I am familiar D ith and 605, F.S. Or, If this document is

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
			Change
			□ Add
			□ Remove
•			Change
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Effective date, if other than the date of filing: [an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 60.00 tode: [17 the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed locument's effective date on the Department of State's records. [20 the state of the prior to date of filing or more than 90 days after filing.) Pursuant to 60.00 today of the date will not be listed locument's effective date on the Department of State's records. [20 the state of the prior to date of filing or more than 90 days after filing.) Pursuant to 60.00 today after this block does not meet the applicable statutory filing requirements, this date will not be listed locument's effective date on the Department of State's records. [20 the date of the date of the date of filing or more than 90 days after filing.) Pursuant to 60.00 today of the date of filing or more than 90 days after filing.) Pursuant to 60.00 today of the date of filing or more than 90 days after filing.) Pursuant to 60.00 today of the date of filing or more than 90 days after filing.) Pursuant to 60.00 today of the date of filing or more than 90 days after filing.) Pursuant to 60.00 today of the date of filing or more than 90 days after filing.) Pursuant to 60.00 today of the date of filing or more than 90 days after filing.) Pursuant to 60.00 today of the date of filing or more than 90 days after filing.) Pursuant to 60.00 today of the date of filing or more than 90 days after filing.) Pursuant to 60.00 today of the date of filing or more than 90 days after filing.) Pursuant to 60.00 today of the date of filing or more than 90 days after filing.) Pursuant to 60.00 today of the date of filing or more than 90 days after filing.) Pursuant to 60.00 today of the date of filing or more than 90 days after filing.) [20 the date of filing or more than 90 days after filing.]						
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Signature of a member or authorized representative of a member				•		. 11
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Filing Fee: \$25.00