

U13 000094019

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

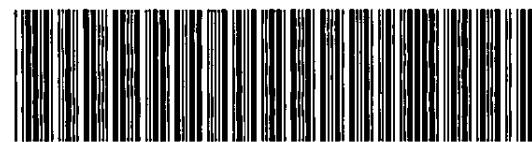
PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **RICOCHET LABS 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:

MALCOLM GOSDIN

Name of Person

RICOCHET LABS LLC

Firm/Company

125 E. Merritt Island Cswy, Ste 209 #335

Address

MERRITT ISLAND, FL 32952

City/State and Zip Code

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

For further information concerning this matter, please call:

M BRIAN CARROLL

Name of Person

321 752-4739

at (_____) Area Code & Daytime Telephone Number

FLORIDA
DEPARTMENT OF STATE
REGISTRATION
AND PASSING
OF PLEASURES

2013 NOV 18 PM 12:46

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$25.00 Filing Fee	<input type="checkbox"/> \$30.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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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**

RICOCHET LABS 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 07/01/13 and assigned Florida document number L13000094019.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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)

125 EAST MERRITT ISLAND CSWY

SUITE 209 , #335

MERRITT ISLAND, FL 32952

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

125 EAST MERRITT ISLAND CSWY

SUITE 209, #335

MERRITT ISLAND, FL 32952

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:

N/A

New Registered Office Address:

125 E. MERRITT ISLAND CSWY, STE 209, #335

Enter Florida street address

MERRITT ISLAND

, Florida

32952

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

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:

MGR = Manager

MGRM = Managing Member

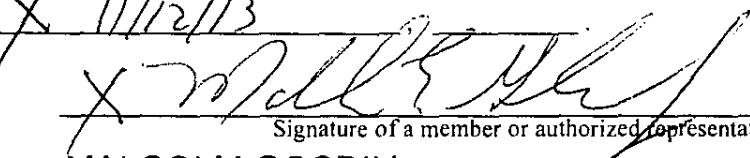
<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	CHARLES D TUNNELL	125 E. MERRITT ISLAND CSWY STE 209, #335 MERRITT ISLAND, FL 32952	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input checked="" type="checkbox"/> Address Change
MGRM	MALCOLM GOSDIN	125 E. MERRITT ISLAND CSWY STE 209, #335 MERRITT ISLAND, FL 32952	<input type="checkbox"/> Add <input type="checkbox"/> Remove <input type="checkbox"/> Add <input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

N/A

Dated

X 11/12/13


Signature of a member or authorized representative of a member
MALCOLM GOSDIN

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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Malcolm Gosdin
11/12/2013

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