13000091666

| (Requestor's Name) |
|---|
| (Address) |
| (Åddress) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| JUL 2 7 2013 |
| L. SELLER8 |
| |
| |
| |

Office Use Only



300249734863

07/18/13--01021---003 **25.00

SECRETARY OF STATE

FILED 13 JUL 18 PH 4: 59

COVER LETTER

| TO: | Registratión Sec Division of Corp | | ۴ | |
|---------------|--------------------------------------|---|---|---|
| SUBJE | CCT: | Strictly Sc Name of Limite | W ter LLC - L d Liability Company | <u>14-J</u> 2126588-EIN |
| The end | closed Articles of | Amendment and fee(s) are subn | nitted for filing. | |
| Please | return all correspon | ndence concerning this matter t | o the following: | |
| | | - F-du | Name of Person | ardia |
| | | Stri | ctly Scouter LL C | |
| | | 1267 | SW 19 St Address | |
| | | MI Pddiede | City/State and Zip Code La Su al dia Chah be used for future annual report notification | |
| | | E-mail address: (to | be used for future annual report notification | m) |
| For fur | | oncerning this matter, please ca | | |
| | Eduardo Name of | dela Guardia Person | at (186) 99 . 40 (Area Code & Daytime Tel | 07 ephone Number |
| Enclose | ed 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

| | couter LLC | |
|---|---|---|
| (Name of the Limited Liabilit (A Florida | y Company as it now appears o Limited Liability Company) | n our records.) |
| The Articles of Organization for this Limited Liability (Florida document number <u> イリー オレルミッド</u> | Z- EIN | 8-13 and assigned |
| This amendment is submitted to amend the following: | . • | |
| A. If amending name, enter the new name of the lim | nited liability company here: | |
| The new name must be distinguishable and end with the wo "L.L.C." | ords "Limited Liability Company, | " the designation "LLC" or the abbreviation |
| Enter new principal offices address, if applicable: | • | |
| (Principal office address MUST BE A STREET ADD | RESS) | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | |
| B. If amending the registered agent and/or registered agent and/or the new registered office add | | records, enter the name of the new |
| Name of New Registered Agent: | | |
| New Registered Office Address: | | |
| | Enter | Florida street address |
| | City | , Florida 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 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> | Name | Address | Type of Action |
|--------------|----------------|------------------------------|----------------|
| MGRM | Devin Detwiler | 12075W19 S+ | Add |
| , | | 12075W19 St Mami FU 33145 | Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| | | | Add Remove |
| <u>.</u> | | | Add Remove |
| | | | <u></u> |

| emending a | any other information, enter change(s) here: (Attach additional sheets, if necessar |
|------------|---|
| | r ' |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| 1 . 1 | |
| <u> </u> | Y 13 2013 |
| | -601/1/1. [] |
| | The office of the second |
| | Signature of a member or authorized representative of a member |
| | Eduardo bela buardia |
| | Typed or printed name of signee |
| | |

Page 3 of 3

Filing Fee: \$25.00