## 213000098106

(Red	questor's Name)	
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PICK-UP		
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(Document Number)		
Certified Copies	_ Certificates	of Status
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## **COVER LETTER**

TO: **Registration Section Division of Corporations** 

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(onsa SUBJECT: 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:

Brauser fice of Benjamin S. Brauser, P.A. 850 4400 Udi Vrac ami FL 331 City/State and Zip Code COM tress: (to be used for future annual report notification) PH I: For further information concerning this matter, please call:

at (305) 576 - 9, ) Causo rea Code & Daytime Telephone Number

Enclosed is a check for the 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)

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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			
<u>(Name of the Limited Liability Company as it now appears on our records.</u> ) (A Florida Limited Liability Company)		-	
The Articles of Organization for this Limited Liability Company were filed on $\frac{7/10}{13}$	and	lassigne	ed
Florida document number $L1300098106$ .		U	
This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here:			
A. It amending hame, enter the new hame of the minined habitity company here: Prinate Applications, LLC			
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "L.L.C."	ı "LLC" or i کرنې	the abbr	eviation
Enter new principal offices address, if applicable:	<u></u>	<u></u>	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)	64	<u>N</u>	<del>م جرمی</del> <del>در جنگین</del> بر ج
	(n	9	-FT
		10	مېسې مېسې
Enter new mailing address, if applicable:	25	<del></del>	₹ <b>4</b> 994*
(Mailing address MAY BE A POST OFFICE BOX)	पुरा गर्मा राष्ट्र	60 60	

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:		
New Registered Office Address:		
	Enter Fle	orida street address
		, Florida
	City	Zip Code
ew Registered Agent's Signature, if changing Regist	ered 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:

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## MGR = Manager MGRM = Managing Member

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<u>Title</u>	Name	Address	<b>Fype of Action</b>
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			Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

2013 July Dated Signature of a member or authorized representative of a member Testice Brause Typed or printed name of signee Page 3 of 3

Filing Fee: \$25.00

2013 JUL 29 PH 1: 39