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(Re	equestor's Name)	
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DEPARTMENT OF STATE

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FLORIDA DEPARTMENT OF STATE Division of Corporations

July 23, 2013

CSC SUSIE KNIGHT TALLAHASSEE, FL

SUBJECT: MEGASIM, LLC Ref. Number: W13000041275 RESUBMIT
Please give original
submission date as file date.

We have received your document for MEGASIM, LLC and the authorization to debit your account in the amount of \$25.00. However, the document has not been filed and is being returned for the following:

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline Regulatory Specialist II

Letter Number: 413A00017762

2013 JUL 22 AM SEA



ACCOUNT NO. : 12000000195

REFERENCE :

AUTHORIZATION :

COST LIMIT : \$ 25.00

ORDER DATE: July 22, 2013

ORDER TIME : 2:13 PM

ORDER NO. : 733634-005

CUSTOMER NO: 5014227

DOMESTIC AMENDMENT FILING

NAME: MEGASIM, LLC

EFFECTIVE DATE:

XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: __ CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight -- EXT# 52956

EXAMINER'S INITIALS:

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MEGASIM, LLC		
(Name of the Limited 1	liability Company as it now appears on our recor Florida Limited Liability Company)	<u>'ds.</u>)
(A)	riorida Emitted Elaonity Company)	
The Articles of Organization for this Limited Lia	bility Company were filed on 07-19-2013	and assigned
Florida document number L13000102678	·	
This amendment is submitted to amend the follow	wing:	
A. If amending name, enter the new name of	the limited liability company here:	
MAGASIM, LLC		
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," the design	ation "LLC" or the abbreviation
Enter new principal offices address, if applica	ble:	781 7AL
(Principal office address MUST BE A STREET		E E T
	,	1A 2
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE B		95 %
munity address militable in the control of the cont	<u></u>	要示 6
		· · · · · · · · · · · · · · · · · · ·
B. If amending the registered agent and/o		enter the name of the new
registered agent and/or the new registered off	ice address here:	
Name of New Registered Agent:		
New Registered Office Address:		·
	Enter Florida str	eet address
		rida
	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 **Title** <u>Address</u> Type of Action <u>Name</u> Remove Remove Q Remove Remove

O. If an	nending any other information, enter change(s) here: (Attach additional sheets. if necessary.)
Dated	07-22-13
	/s/ Pamela J. Anselmo, Esq
	Signature of a member or authorized representative of a member
	Pamela J. Anselmo, Esq Authorized representative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00