L13000105101

(Requ	uestor's Name)	
(Addı	ress)	
(Addı	ress)	
(City/	/State/Zip/Phone	e #)
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SELECTION OF STATE
SELECTION OF STATE

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: ActionReaction, 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:

Douglas A. Jossi

Name of Person

ActionReaction, LLC

Firm/Company

6750 NW 16th St Suite A

Address

Gainesville, FL 32653

City/State and Zip Code

actionrxntraining@gmail.com

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

For further information concerning this matter, please call:

Douglas A. Jossi

_{4/}352\339**-**1298

Name of Person

Area 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)

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

FILED: 2014 Jan -2 PM 12: 12

SECRETANY OF STATE TALLAHASSEE, FLORIDA

ACTIONREACTION, 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 Liabilit	y Company were filed on July 22, 2012	and assigned
Florida document number L13000105101	 .	
This amendment is submitted to amend the following	ž.	
A. If amending name, enter the new name of the	limited liability company here:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the designati	on "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET AL	DDRESS)	
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 a		ter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street	address
	, Florid	
	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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

<u>Title</u> MGR	<u>Name</u> Margaret H. Jossi	Address 3637 NW 64th Ln	Type of Action Add
		Gainesville, FL 32653	Remove
······			Add
			Add
			AddRemove
			Add
			Add

ending any other	<i>-</i> -	4			
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ctive date is listed	than the date of filing, the date must be sport	ecific and cannot be more	than 90 days	(optio	
tive date is listed	the date must be specification.	ecific and cannot be more 2013	than 90 days	s after filing.	
tive date is listed	Signature of a to	2013 neuroer or authorized repres	entative of a	s after filing.	

Filing Fee: \$25.00

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