## L13000110027

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## **COVER LETTER**

TO:	Registration Se Division of Cor	ction porations	ď	a e e e	No
SUBJE	CT: FANFLAS	SKS, LLC			
		Name of Limit	ed Liability Company		
The en	closed Articles of	Amendment and fee(s) are sub-	mitted for filing.		
Please	return all correspo	ndence concerning this matter	to the following:		
		PATTI PALMER			
			Name of Person		
		FANFLASKS, LLC	P: //	·	
			Firm/Company		
		1420 Bent Oaks Blvd			
			Address		
		DELAND, FL 32724		<u> </u>	
			City/State and Zip Code		
		palmerp2010@gmail.	.com o be used for future annual report notificati	ion)	
For fur	ther information co	oncerning this matter, please ca	·	·	
PATT	I PALMER		at (386 )837-5337		
	Name of	f Person	Area Code & Daytime Te	elephone Number	
Enclos	ed is a check for th	ne 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! Certificate of Certified Cop (additional co	f Status &

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

(Name of the Limited Liability	Company as it now appears	on our records.)	<del></del>
( <u>Name of the Limited Liability</u> (A Florida L	imited Liability Company)	on our records:	
The Articles of Organization for this Limited Liability Co. Florida document number L13000110027	ompany were filed on AUG	UST 5, 2013	_ and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company here:	:	
The new name must be distinguishable and end with the word 'L.L.C."	ds "Limited Liability Company	y," the designation "LLC	C" or the abbreviation
Enter new principal offices address, if applicable:			<u> = 2</u>
Principal office address MUST BE A STREET ADDR	ESS)		SEC VISION VISIO
			RE OT
			4 2 L
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE BOX)			. 5 I
	·		<b>ω</b> <u>3</u>
B. If amending the registered agent and/or registoregistered agent and/or the new registered office addr		r records, <u>enter the</u>	name of the ne
Name of New Registered Agent:	· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
New Registered Office Address:	<u></u>		
	Ente	r Florida street addre.	SS
		, Florida	
	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 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	Name	Address	Type of Action
MGR	MARY PALMER	1420 BENT OAKS BLVD, DELAND, FL	32 🖊 Add
			Remove
			Add
		· · · · · · · · · · · · · · · · · · ·	Remove
		••	
			DIVERION BACK
			Remove
			: \$3 : \$3 : \$3
			Add
			Remove
<del></del>			Add
			Remove
			Add
			Remove

D. If amending any other information, en	tter change(s) here: (Attach additional sheets, if necessary.)
Dated SEPTEMBER 10	2013
Du	
Signature	of a member or authorized representative of a member
PATRICIA PALMER	
	Typed or printed name of signee
	Page 3 of 3

Filing Fee: \$25.00