

L13 000113003

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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ALC 2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Menage Lounge 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:

Maquet Robinson
Name of Person

Menage Lounge
Firm/Company

4900 66th Street
Address

N. Saint Petersburg, FL 33709
City/State and Zip Code

menage1ounge@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Maquet Robinson
Name of Person

at (727) 244-3968
Area Code & Daytime Telephone Number

TALLAHASSEE, FLORIDA

2013 AUG 27 PM 4:05

Enclosed is a check for the following amount:

- | | | | |
|---|---|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input checked="" type="checkbox"/> \$30.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | <input type="checkbox"/> \$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**

Menage Lounge 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 Liability Company were filed on 8-15-13 and assigned Florida document number 13000115663.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

Bethany Mitchell-Smith

New Registered Office Address:

16104 Lakes Divide Road

Enter Florida street address

Temple Terrace

City

, Florida 33637

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.

[Signature]
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

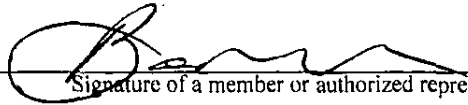
| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|------------------|-------------------------------|--|
| MGR | Maguet Robinson | 4900 64th Street | <input checked="" type="checkbox"/> Add |
| | | N. Saint Petersburg, FL 33709 | <input type="checkbox"/> Remove |
| MGR | William Herzules | 8784 95th Terrace | <input type="checkbox"/> Add |
| | | Seminole, FL 33777 | <input checked="" type="checkbox"/> Remove |
| | | | <input type="checkbox"/> Add |
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TALLAHASSEE COUNTY

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

• _____
• _____
• _____
• _____
• _____

Dated 8-26-13, 2013.



Signature of a member or authorized representative of a member

Bethany Mitchell-Smith

Typed or printed name of signee

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Filing Fee: \$25.00

2013 AUG 27 PM 4:05
TALLAHASSEE, FL 32301