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K.SALY EXAMINER NOV 19 2013

COVER LETTER

TO: Registration Sect Division of Corpo		
SUBJECT:O	Name of Limited Liability Company	
The enclosed Articles of Articles	mendment and fee(s) are submitted for filing.	
Please return all correspond	dence concerning this matter to the following:	
	Jonathan Manetta	
	Name of Person	
	Firm/Company	
	1113 Willard Ave	
	Lehigh Acres FL 33972 City State and Zip Code	
	Jmanetta 13@ gmail. Con E-mail address: (to be used for future annual report notification)	
For further information cor	ncerning this matter, please call:	
Jon athan Name of I	Person at (239) 707-8289 Area Code & Daytime Telephone Number	
Enclosed is a check for the	e following amount:	
\$25.00 Filing Fee	□\$30.00 Filing Fee & □\$55.00 Filing Fee & □\$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	sed)

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 13 NOV 18 PM 5: 22

1 2+	DEPOT LLC	TALLAMASSEE, FLOWER
(Name of the Limited Liabili		, - = U(II)/A
(A Florida	ty Company as it now appears o Limited Liability Company)	iii du'i Iccords.
The Articles of Organization for this Limited Liability	Company were filed on 8	26-2013 and assigned
Florida document number <u>L13000125278</u>	·	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Company,	" the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	RESS)	
·		
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 add	stered office address on our dress here:	records, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter	Florida street address
		, 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Matthew Bustein	7041 Overlook Dr	Add
		Ft. Myers, FL 33919	Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove

) If amen	ding any o	other information, enter change(s) here: (Attach additional sheets, if necessary.)
_		
 ated	1- 15	. 2013.
		Signature of a member or authorized representative of a member
		Typed or printed name of signee
		Page 3 of 3

Filing Fee: \$25.00