L13000139423

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phone	#1
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER

urCoupon Bo	ook, LLC	
SUBJECT:	Name of Limited Liability Company	
The enclosed Articles of A	mendment and fee(s) are submitted for filing.	
Please return all correspond	dence concerning this matter to the following:	
	Leslye Grindle	
	Name of Person	
	urCoupon Book, LLC	
	Firm/Company	
	1122 Gretchen Ct	
	Address	
	Venice, FL 34294	20:
	City/State and Zip Code ucoupon3@yahoo.com	2016 JUL 13
	E-mail address: (to be used for future annual report notification)	S I
For further information con	ncerning this matter, please call:	> [1]
Leslye Grindle	941 275-7941 225	ά
Name of I	Person Area Code Daytime Telephone Number	- 3
Enclosed is a check for the	following amount:	
□ \$25.00 Filing Fee	Solution Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) Solution Filing Fee & Certificate of Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	f Status &

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

uCoupon Book of Charlotte, LLC					
(<u>Name of the Limited Liability Com</u> (A Florida Limite	i <mark>pany as it now appears on o</mark> ed Liability Company)	ır records.)			
The Articles of Organization for this Limited Liability Compa Florida document number L13000139423	and assigned				
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited li	ability company here:				
urCoupon Book, LLC					
The new name must be distinguishable and contain the words "Limited Li	ability Company." the designat	ion "LLC" or the abbreviation "L.L.C."			
Enter new principal offices address, if applicable:	same as				
(Principal office address MUST BE A STREET ADDRESS)					
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	same as				
B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		records, enter the name of the			
Name of New Registered Agent:					
New Registered Office Address:	Enter Florida str	oot address			
	Enter Frontide Mil	eur maar uni			
	City	, Florida Zip Code			
	CHV	ZID COAC			

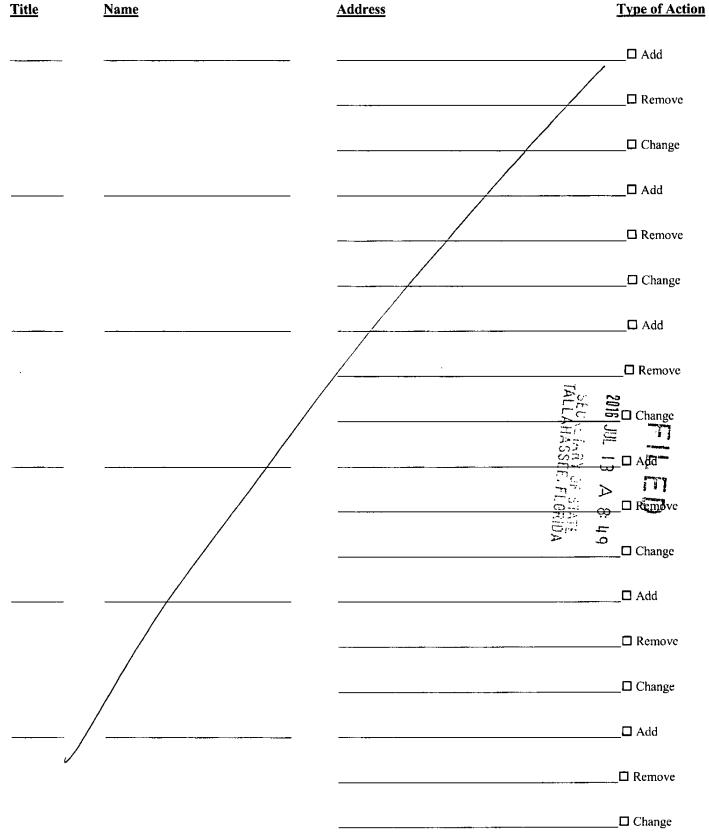
New Registered Agent's Signature, if changing Registered Agent:

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 Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager
AMBR = Authorized Member



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ective date, if other th	an the date of filing:	(optional)
e: If the date inserted in	this block does not meet the applicable stat	f filing or more than 90 days after filing.) Pursuant to 605.02 utory filing requirements, this date will not be listed
ument's effective date o	n the Department of State's records.	
record specifies a d	elayed effective date, but not an ef	fective time, at 12:01 a.m. on the earlier
he 90th day after th		
July 11	2016	
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/ / \	MANTILLE / MANANTE	oresentative of a member

Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00