L13000147975

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·

Office Use Only



500255269505

02/03/14--01022--003 **25.00

14 FEB -3 PM 4: 29
SECRETARY OF STATE

T. Suret FEB 1 1 2014

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Category-5 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:
James Rosene Name of Person
Category-5
3123 E. 4th Ave
Oity/Stale and Zip Code James @ category - 5. Com Email address: (to be used for luture annual report addition)
For further information concerning this matter, please call:
James Rosene at (813) 240-9165 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

4.5

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 Compar (A Florida Limited L	<u>ny as n now appears on o</u>	ising ima	irkeding, LC
The Articles of Organization for this Limited Liability Company Florida document number	were filed on	0121113	and assigned
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabi	_		
The new name must be distinguishable and end with the words "Limited Liabse Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	ility Company," the designation	ation "LLC" or the abbru	IN FEB -3 PH
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	NIA		L: 29
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		records, enter the	name of the new
Name of New Registered Agent:			
New Registered Office Address:	Enter Florida stro	eet address	
New Registered Agent's Signature, if changing Registered Agent:	Ciţı	, Florida	Zip Code

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 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:

MGR = Manager

AMBR = Au	thorized Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	James Rose ne	3123 E, 4th Are Tamp	Add - Keep. Presently Remove MGE
MGR	Margaret Mariani	Sawe	Add Remove
MGR	<u>Cindy Haynes</u>	same	D ∕Add
			TALLAHASSEE, FLORIDA Remove
			□ Add □ Remove

•	ng any other inform	ation, enter change(s) nere: (Attach aa	lditional sheets, if r	necessary.)	
						
	W					
he effective	date, if other than the date must be specific, can document is filed by the	ne date of filing:nnot be prior to date of rec Florida Department of Stat	cipt or filed date and car	nnot be more than 90 da	ptional) ays after	
Dated	1/29	·	<u>014</u> .			
	_	7.000	Roen	Q		
		Signature of a member	or authorized represent	ative of a member		
		<u> </u>	<u> 47 VOZ</u>			
		Typed	or printed name of sign	ee		

Page 3 of 3

Filing Fee: \$25.00

SEURETARY OF STATE
TALLAHASSEE, FLORING