L13000166229

(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MA	AL.		
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
	:		

Office Use Only



900254401749

12/09/13--01042--010 **25.00

SECRETASY OF STATE

DEC -9 PM 4: 0

C. LEWIS

DEC 1 0 2013

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

Surject. Varsorama, 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:

Ryan L. Snyder, Esq.

Name of Person

Snyder Law Group, P.A.

Firm/Company

11031 Gatewood Drive

Address

Bradenton, FL 34211

City/State and Zip Code

ryan@snyderlawgroup.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ryan L. Snyder, Esq.

941,747-3456

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

■ \$25.00 Filing Fee

□\$30.00 Filing Fee & Certificate of Status

□\$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

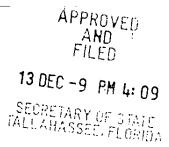
□\$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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



Varsorama, LLC

company has been notified in writing of this change.

(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 Con	omnany were filed on No	vember 27, 2013 and assigned
Florida document number L13000166229		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limit	ed liability company her	<u>e</u> :
The new name must be distinguishable and end with the word: "L.L.C."	s "Limited Liability Compa	ny," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE	ESS)	
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 addresses		our records, enter the name of the nev
Name of New Registered Agent:		
New Registered Office Address:		
New Registered Office Address.	Enter Florida street address . Florida	
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered	Agent:	
I hereby accept the appointment as registered agent at the provisions of all statutes relative to the proper and accept the obligations of my position as registered age being filed to merely reflect a change in the registered	d complete performance ent as provided for in Cl	of my duties, and I am familiar with and hapter 608, F.S. Or, if this document is

If Changing Registered Agent, Signature of New Registered Agent

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>	Name	Address	Type of Action
MGRM	Krcysctos Nowak	3453 Gulf of Mexico Drive	e
		Longboat Key, FL 3422	8 Remove
MGRM	Christopher Nowak	3453 Gulf of Mexico Driv	e √ _{Add}
		Longboat Key, FL 3422	Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove
			Add
			Remove

	APPROVEU AND FILED
D. If amending any other information, enter change(s) here: (Attach addition)	ional shouldifnecussary.)
	SECRETARY OF STATE FALLAHASSEE, FLORIDA
	<u></u>
Dated December 5 2013	
Signature of a member or authorized representative of Kros	
V Typed or printed name of signee	

Page 3 of 3

Filing Fee: \$25.00