

614 0000 15674

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

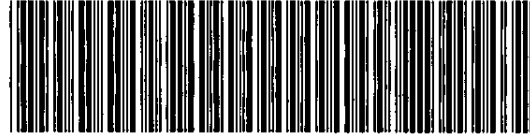
(Business Entity Name)

(Document Number)

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15 SEP -2 AM 10:59  
RECEIVED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SEP 03 2015  
J SHIVERS

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

Fool Pain 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 Jan 28, 2014 and assigned Florida document number L14000016074

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 contain 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**)

8548 W. Irlo Bronson Memorial  
Kissimmee, FL 34747

Hwy  
unit  
B-76

Enter new mailing address, if applicable:

(Mailing address **MAY BE A POST OFFICE BOX**)

981 Hwy 98 East  
Unit 3418  
Destin, FL 32541

**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:

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 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

15 SEP -2 AM 10:59  
CLERK OF SUPERIOR COURT  
FLORIDA

15 SEP -2 AM:059  
CONTINENTAL  
FLORIDA

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Michael Bl  
e of a member or authorized representative

Signature of a member or authorized representative of a member

Michael E. Burch

Typed or printed name of signee