Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number : I20010000062

: (323)962-8600

Fax Number

: (323)962-3889

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN AMIAN ENTERPRISES LLC

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Corporate Filing Menu

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COVER LETTER

то:		tegistration Section Division of Corporations		
cup ir		ENTERPRISES LLC		
SUBJE	CI;	Name of Limi	ted Liability Company	
The encl	losed Articles of	Amendment and fee(s) are sub-	mitted for filing.	
Please re	eturn all correspo	ondence concerning this matter	to the following:	
		Cheyenne Moseley		
			Name of Person	
		Legalzoom.com, Inc.		
			Firm/Company	
		100 W. Broadway Suite	100	
			Address	
		Glendale, CA 91210		
	City/State and Zip Code			
		mindym123@comcast.ne	to be used for future annual reportnotification)	<u> </u>
For furt	her information (concerning thismatter, please c		
Imelda	. Vasquez		323 962-8600 ext 7950 at ()	
	Name	of Person	Area Code Daytime Telephone	e Number
Enclose	d is a check for	the following amount:		
□ \$25	.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy isenctosed)
	Regist Divisi	ING ADDRESS: ration Section on of Corporations Box 6327	STREET/COURIER ADDI Registration Section Division of Corporations Clifton Building	RESS:

Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

AMIAN ENTERPRISES LLC		ASE O TO
(Name of the Limited Lia (A Fi	bility Company as it now appears on our records.) orda Limited Liability Company)	AR S
The Articles of Organization for this Limited Liability Florida document number 1.14000036842 This amendment is submitted to amend the following A. If amending name, enter the new name of the	ty Company were filed on 03/05/2014	27 STATE STATE FLORIDA
The new name must be distinguishable and end with 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 AL	DDRESS)	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX	2	
B. If amending the registered agent and/or registered agent and/or the new registered office		enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
_	, Flori	da
	City	Lip Cocie

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 the Managers or Authorized Memberon our records, enterthe title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member

AMBR	Melinda K Meyer	1827 Airport Cir.	
			_ Ø Add
	·	Panama City, FL 32405	Remove
AMBR	Brian W. Rogers	1408 Calhoun Avenue	D Add
·	,	Panama City, FL 32405	_ ☑ Remove
			□ Add
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			Remove
			□ Add
			_□ Remove

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If amending any other information, enter change(s) here: (Attach	additional sheets, if necessary.)
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Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date of receipt or filed date and the date this document is filed by the Florida Department of State)	(optional) I cannot be more than 90 days after
Dated 10 - 23 2014	_
Si Willia k	Gm
Signature of a member of authorized repre- Brjan William Ro	<i>()</i>
Typed or printed name of	

Page 3 of 3

Filing Fee: \$25,00

TALLAHASSEE, FLORIDA