#14000069307

(R	(equestor's Name)	
A)	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
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(E	Business Entity Name)	,
([Occument Number)	
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SECRESSEE, FLORID

K.SALY EXAMINER 1JUL - 1 2014

COVER LETTER

TO: Registration Section Division of Corpo			
SUBJECT: Nic	Cholas Moone Name of Limit	Led Liability Company	
The enclosed Articles of Ar	nendment and fee(s) are subn	nitted for filing,	
Please return all correspond	ence concerning this matter t	o the following:	
	Nichola	S Mooney Name of Person	
		Firm/Company	
	1946 Gre	Y Fox Dr. Address	
	Lakelan	d, FL 33810	
	E-mail address: (1		olas. mooney@aol.com
For further information con	cerning this matter, please ca	ili:	
Nicholas Name of F	Mooney	at (<u>963</u>) <u>398</u> Area Code Daytime	3 - 5670 Telephone Number
Enclosed is a check for the	following amount:		
\$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILIN	G ADDRESS:	STREET/COURT	ER ADDRESS:

6

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

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

CT 100 5T07/00/00 000000000

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

FILED 2014 MAY -9 PM 3: 16

Nicholas M	opney CLC	ALLAHASSE OF STA
(Name of the Limited Liab) (A Flori	lity Company as it now appears on our red da Limited Liability Company)	COORD.
The Articles of Organization for this Limited Liability Florida document number # <u>L/400006930</u>		and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the line Touch of Class. The new name must be distinguishable and end with the words "I	LLC	"LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADI		· · · · · · · · · · · · · · · · · · ·
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 ad		ords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street ac	idress
		, 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

Page 1 of 3

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;

<u>Title</u>	<u>Name</u>	Address	Type of Action
			□ Remove
			Add
			☐ Remove
			Add
			☐ Remove
			□ Remove
			□ Add
			□ Remove
			Add
			🗀 Remove

Page 2 of 3

. If amendi	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)
-	
Effective (The effective the date this	date, if other than the date of filing: (optional) e date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after s document is filed by the Florida Department of State)
Dated	6/30/14
	Nice Propers
	Signature of a member or authorized epitesentative of a member
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00