115000009226

(Requestor's Name)	
(Address)	
(Address)	
,	
(City/State/Zip/Phone #)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	—
(210,1000 21,107, 11,100,	
(Document Number)	
Certified Copies Certificates of Status	
Cassial Instructions to Filing Officer	\neg
Special Instructions to Filing Officer:	
	I
·	

Office Use Only



000271353670

04/10/15--01001--002 **25.00

TO ACKNOWLEDGE TO ACKNOWLEDGE DEPARTMENT OF STATE DIVISION - Q PM 3: 25

15 APR -9 PH I: 58
SECRETARY OF STATE

T. Burch APR.1.0.2015

CORPORATE

When you need ACCESS to the world

ACCESS, ___ INC.

236 East 6th Avenue. Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

			WALK	IN			
		PICK U	· 4	/9	matt		
		CERTIFIED COPY			· · · · · · · · · · · · · · · · · · ·	 	
	囟	РНОТОСОРУ				 	<u></u>
		CUS				 	
	X	FILING	Amend.			 	
1.		Tracemark Son O	mand.l	(6		 	
2.		(CORPORATE NAME AND DOCUME	JT #)			 	
3.		(CORPORATE NAME AND DOCUME	JT #)	,		 	· ————
4.		(CORPORATE NAME AND DOCUME	NT #)	····		 	
5.		(CORPORATE NAME AND DOCUME	NT #)			 	
6.		(CORPORATE NAME AND DOCUME	NT #)			 	
SPI	ECIA	AL INSTRUCTIONS:				 	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

TRADEMARKS ON DEMAND L	.LC	
(Name of the Limited Liability Company as it now appe (A Florida Limited Liability Company	ears on our records.)	
The Articles of Organization for this Limited Liability Company were filed on _ Florida document numberL15000009226	01/15/2015	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liability company	here:	
TRADEMARKS ON DEMAND, PLLC		
The new name must be distinguishable and end with the words "Limited Liability Company," the	he designation "LLC" or th	e abbreviation "L.L.C."
Enter new principal offices address, if applicable:		⊼s d
(Principal office address MUST BE A STREET ADDRESS)		
		20 ************************************
		9
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
		20 2
B. If amending the registered agent and/or registered office address of registered agent and/or the new registered office address here: Name of New Registered Agent: New Registered Office Address: Enter F.	on our records, ente	er the name of the new
City	, Florida _	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 provisions of all statutes relative to the proper and complete performance accept the obligations of my position as registered agent as provided for in being filed to merely reflect a change in the registered office address, I here company has been notified in writing of this change.	of my duties, and I an Chapter 605, F.S. O	n familiar with and r, if this document is

Page 1 of 3

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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	SAMANTHA LEVY	5500 MILITARY TRAIL	
		SUITE 22-240	Remove
		JUPITER, FL 33458	
			□ Add
			Remove
			DRemoved S
			PH L
			——— ——————————————————————————————————
			Remove
			□ Remove
			
			□ Remove

other than the date of filing: st be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after not is filed by the Florida Department of State)
st be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
st be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after
// 1 .
April 7 . 2015

Page 3 of 3

Filing Fee: \$25.00

SECRETARY OF STATE
TALLAHASSEE, ELORIOA

15 APR -9 PH 4:58