

L180000 11878

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

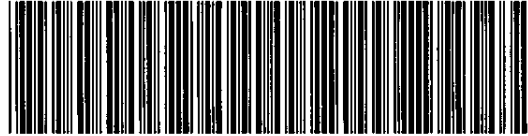
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800271959758

04/23/15--01033--003 **60.00

FILED
15 APR 23 AM 7:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

311vers APR 30 2015

**COVER LETTER FOR AMENDMENT OF
ARTICLES OF ORGANIZATION**

4PEOPLE PRODUCTS, LLC

MARK A BARROZZI

DAYTIME TELEPHONE NUMBER: +1 (954) 600-0663

RETURN ADDRESS:

2001 BISCAYNE BLVD. STE 117/99
MIAMI, FL 33137-5057

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 4PEOPLE PRODUCTS, 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:

MARK A BARROZZI

Name of Person

4PEOPLE PRODUCTS, LLC

Firm/Company

2001 BISCAYNE BLVD. STE 117/99

Address

MIAMI, FL 33137-5057

City/State and Zip Code

MARK@4PEOPLEPRODUCTS.COM

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

For further information concerning this matter, please call:

MARK A BARROZZI

954 600-0663

Name of Person

at (_____) _____

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**

4PEOPLE PRODUCTS, 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 01/20/2015 and assigned
Florida document number L15000011878.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

N/A

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 ADDRESS)

2001 BISCAYNE BLVD. STE 117/99

MIAMI, FL 33137-5057

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2001 BISCAYNE BLVD. STE 117/99

MIAMI, FL 33137-5057

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:

N/A

New Registered Office Address:

2001 BISCAYNE BLVD. STE 117/99

Enter Florida street address

MIAMI

, Florida

City

33137-5057
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.

[Signature]
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>	<u>Address</u>	<u>Type of Action</u>
N/A	N/A	N/A	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
N/A	N/A		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
N/A	N/A		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
N/A	N/A		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
N/A	N/A		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
N/A	N/A		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
N/A	N/A		<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

15 APR 2015
11:51 AM
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

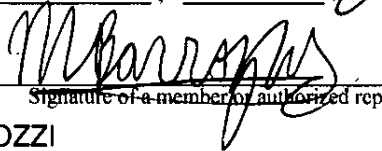
D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

N/A

E. Effective date, if other than the date of filing: _____ **(optional)**

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated APRIL 20 2015



Signature of a member or authorized representative of a member

MARK A BARROZZI

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

15 APR 23 AM 7:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA