

45000 0673 27

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

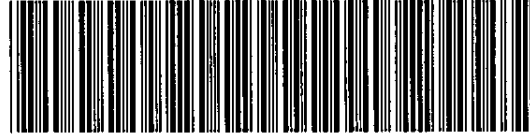
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600275484496

08/03/15--01031--007 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 AUG -3 P 4 31

FILED

AUG 04 2015
10:00 AM

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

EVERYTHING YOU NEED, 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 04/17/2015 and assigned Florida document number L15000067327.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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:

GUSTAVO DEI-CAS

New Registered Office Address:

2582 MAGUIRE ROAD - SUITE 114

Enter Florida street address

OCOEE

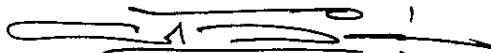
City

Florida 34761

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

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person 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>
MGR	GUSTAVO DEI-CAS	2582 MAGUIRE ROAD	<input checked="" type="checkbox"/> Add
		SUIE 114	<input type="checkbox"/> Remove
		OCOE, FL 34761	<input type="checkbox"/> Change
MGR	NATALIA PEROTTI	2582 MAGUIRE ROAD	<input type="checkbox"/> Add
		SUITE 114	<input checked="" type="checkbox"/> Remove
		OCOE, FL 34761	<input type="checkbox"/> Change
MGR	CAROLINE PEROTTI	2582 MAGUIRE ROAD	<input type="checkbox"/> Add
		SUITE 114	<input checked="" type="checkbox"/> Remove
		OCOE, FL 34761	<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

FILED
 2016 AUG -3 P 11:31
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

2015 AUG -3 PM 4: 31
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
2015 AUG - 3 PM 4: 31
SECRETARY OF STATE
TALLAHASSEE, 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)

Dated JULY 29, 2015

GUSTAVO DEI-CAS - MGR

Filing Fee: \$25.00