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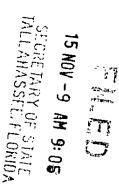
· (Re	equestor's Name)	<u>. </u>
(Ad	ldress)	
(Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:		
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COVER LETTER

TO:	Registration Section Division of Corpor			
SUBJE	ст:Т	RADEMARK Name of Limi	ted Liability Company	
The end	losed Articles of An	endment and fec(s) are subr	nitted for filing.	
Please r	eturn all corresponde	nce concerning this matter t	to the following:	
		Ke	Roylen Roylen Name of Person	
			ork CRI LL C	
		231 D	ouglas Rd 2	E SUITU 4
		GLOSM	AR FL 3467 City/State and Zip Code boylero analo o be used for diture annual report notifical	<u>'7</u>
	_	E-mail address: (t	o be used for lature annual perfort notifical	tion)
For furt	her information conc	erning this matter, please ca	II:	
	Keum B. Name of Pe	oy den	at (727) Soo Daytime To	O 5 7 7elephone Number
Enclose	d is a check for the fo	ollowing 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

TRADEMAR	K ERI	LLC			
(<u>Name of the Limited</u> (A	Liability Company a V Florida Limited Liab	s it now appears on lity Company)	our records.)		
The Articles of Organization for this Limited Lial Florida document number		re filed on6	, (30/2015	and	assigned
This amendment is submitted to amend the follow	ving:				
A. If amending name, enter the new name of t	he limited liability	company here:			
The new name must be distinguishable and contain the wor	ds "Limited Liability (Company," the design	nation "LLC" or the a	*****	
Enter new principal offices address, if applical	ole:				5 NO 17
(Principal office address MUST BE A STREET	ADDRESS)			N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Z
				777	<u> </u>
Enter new mailing address, if applicable:	_			<u> </u>	
(Mailing address MAY BE A POST OFFICE B	<u>ox)</u> _			<u> </u>	रा
B. If amending the registered agent and/or the new registered offi	ce address here:				
Name of New Registered Agent:	Keu	n J Bo	y Jen		
New Registered Office Address:	2217 T	USCANU Enter Floridas	trace (Jait	1810
	Palm Ha	Vbov	, Florida	34 (Zip Cod	<u>S 8 ></u>

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 **Title** Address **Type of Action** Name MGR IRA M. STOLON 2217 TUSCANY TRACE DAD Remove PALM HAKBOR, FL ☐ Add ☐ Remove ☐ Change _□ Add □ Remove ☐ Change _□ Add ☐ Remove ☐ Change ☐ Add ☐ Remove ☐ Change ☐ Remove

□ Change

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fective date, if other n effective date is listed, the te: If the date inserted cument's effective date	ne date must be sp I in this block do	ecific and ca ses not mee	nnot be prior t the applica	to date of filinable statutor	g or more that	(option 90 days after the rements, this	iling.) Purs	suant to 6 not be li	605.02 isted a
record specifies a he 90th day after			e, but not	an effect	tive time,	at 12:01 a	.m. on t	he ear	lier
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Filing Fee: \$25.00