

703 R0001, 0006 P=844.

Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : MARC L. SHAPIRO, P.A.

Account Number : 120080000007 Phone : (239)649-8050

Fax Number : (239)649-8054

**Enter the email address for this business entity to be used for future—
annual report mailings. Enter only one email address please.

Email Address:

SECRETARY OF STATE ALL ORIGINAL ORIGINA

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

FIND IT HERE, LLC

| Certificate of Status | 0 |
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| Certified Copy | 0 |
| Page Count | 01 |
| Estimated Charge | \$25.00 |

NOV 2 1 2016

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327

COVER LETTER

| TO: Registration Se Division of Co | | | |
|---------------------------------------|---|---|--|
| SUBJECT: FIND IT H | IERB, LLC | | |
| doppert: | Name of Lim | ited Liability Company | |
| The enclosed Articles of | Amendment and fee(s) are sub- | mitted for filing. | |
| Please return all correspondent | ondence concerning this matter | to the following: | |
| | Hafida El Kadiri | • | |
| | | Name of Person | |
| | Marc L. Shapiro, P.A | | |
| | | Firm/Company | |
| | 720 Goodlette rd N. #304 | | |
| | | Address | |
| | Naples, FL 34102 | | |
| | | City/State and Zip Code | |
| | hafida@attorneyshapiro.com | n to be used for future annual report notific | cation |
| | | | outon) |
| For further information | concerning this matter, please co | all: | |
| Hafida | | 239 649-8050 at () | |
| Name o | of Person | Arca Code Daytime | Telephone Number |
| Enclosed is a check for t | he 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) |
| | ING ADDRESS: | STREET/COURIE Registration Section | |

Registration Section
Division of Corporations
Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

| FIND IT HERE, LLC | | |
|--|--|------------------------------|
| (<u>Name of the Limited Liability</u> (A Florida) | Company as it now appears on our records.) Limited Liability Company) | |
| The Articles of Organization for this Limited Liability Co Florida document number L15000211818 | mpany were filed on 12/22/2015 | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limit | ed liability company here: | |
| The new name must be distinguishable and contain the words "Limit | ed Liability Company," the designation "LLC" of | or the abbreviation "L.L.C." |
| Enter new principal offices address, if applicable: | | |
| (Principal office address MUST BE A STREET ADDRI | <u> </u> | |
| | | |
| Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | of the power of the po |
| B. If amending the registered agent and/or registered agent and/or the new registered office addresses | | enter the name of the ne |
| Name of New Registered Agent: | | |
| New Registered Office Address: | Enter Florida street address | LORD #D |
| | Flor | |
| | City , Fior | 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

| 11-18- | 16 12:09 FROM- N | Marc Shapiro, PA | 239-649-8057 | T-703 | P0004/0005 F-844 |
|---------------------------------------|----------------------------|------------------|----------------------------------|---------------|------------------|
| or removed | from our records: | (((H160002 | 85353 3))) | | |
| MGR = M AMBR = A | anager uthorized Member | • | | | |
| <u> Title</u> | Name | | <u>Address</u> | | Type of Action |
| MGR | Marc L. Shapiro | | 720 Goodlette Rd N. # 304 Naples | | Add |
| | | | | | ■ Remove |
| | | | | | Change |
| MGR | Susan Thomas | | 173 10th St S, Naples FL 34102 | | |
| | | | | | ☐ Remove |
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| -18-'16 12:10 FROM- | Marc Shapiro, PA | 239-649-8057 | , T-703 | P0005/0005 |
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| he 90th day after the | record is filed. | | | |
| ed | 2016 | | | |
| Man | P Shupin | r authorized representative of a m | ember | |
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Page 3 of 3.

Filing Fee: \$25.00