

12/8/2016

From Larson Accounting 1.321.888.4919 Thu Dec 8 15:29:39 2016 MST Page 1 of 7  
Division of Corporations

**Florida Department of State**  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : LARSON ACCOUNTING AND CONSULTING SERVICES LLC  
Account Number : I20160000067  
Phone : (407)370-3686  
Fax Number : (407)370-3120

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

Email Address: support@larsonacc.com

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
MYTTS FAMILY COMPANY LLC**

|                       |         |
|-----------------------|---------|
| Certificate of Status | 0       |
| Certified Copy        | 0       |
| Page Count            | 06      |
| Estimated Charge      | \$25.00 |

DEC 12 2016

S. YOUNG

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Corporate Filing Menu

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MYTTS FAMILY COMPANY 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:

CAROLINE G LARSON

*Name of Person*

LARSON ACCOUNTING AND CONSULTING SERVICES LLC

*Firm/Company*

7901 KINGSPONTE PKWY, STE 17

*Address*

ORLANDO, FL 32819

*City/State and Zip Code*

support@larsonacc.com

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

For further information concerning this matter, please call:

CAROLINE G LARSON

at (407) 3703686

*Name of Person*

*Area Code*

*Daytime Telephone Number*

Enclosed is a check for the following amount:

- |  |  |  |  |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 DEC -9 AM 9:00

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

MYTTS FAMILY COMPANY 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 01/14/2016 and assigned  
Florida document number L16000010335.

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 contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

7901 KINGSPONTE PKWY, STE 17

(Principal office address MUST BE A STREET ADDRESS)

ORLANDO, FL 32819

Enter new mailing address, if applicable:

7901 KINGSPONTE PKWY, STE 17

(Mailing address MAY BE A POST OFFICE BOX)

ORLANDO, FL 32819

**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:

LARSON ACCOUNTING AND CONSULTING SERVICES LLC

New Registered Office Address:

7901 KINGSPONTE PKWY STE 17

*Enter Florida street address*

ORLANDO

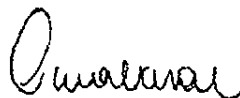
, Florida 32819

*City*

*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

**It 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>                      |
|--------------|-----------------------|------------------------------|--|
| AMBR         | DOS SANTOS, THOMAS F  | 7901 Kingspointe Pkwy Ste 17 | <input type="checkbox"/> Add               |
|              |                       | ORLANDO, FL 32819            | <input type="checkbox"/> Remove            |
|              |                       |                              | <input checked="" type="checkbox"/> Change |
| AMBR         | DOS SANTOS, TATIANA D | 7901 Kingspointe Pkwy Ste 17 | <input type="checkbox"/> Add               |
|              |                       | ORLANDO, FL 32819            | <input type="checkbox"/> Remove            |
|              |                       |                              | <input checked="" 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            |
|              |                       |                              | <input type="checkbox"/> Add               |
|              |                       |                              | <input type="checkbox"/> Remove            |
|              |                       |                              | <input type="checkbox"/> Change            |

FILED  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA  
 16 DEC -9  
 9:00 AM

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 DEC -9 AM 9:00

E. Effective date, if other than the date of filing: 11/01/2016 (optional)  
(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)  
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated NOVEMBER 31, 2016

Signature of a member or authorized representative of a member

THOMAS F DOS SANTOS

Typed or printed name of signee