

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L14000048868

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(((H16000072460 3)))



H160000724603ABC

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To:

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

From:

Account Name : FASTKIT CORP
Account Number : 120100000009
Phone : (305) 599-0839
Fax Number : (305) 592-9391

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

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

AMERA BRANDS, LLC

Certificate of Status	0
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Page Count	03
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2816 MAR 22 PM 4:50
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16 MAR 22 AM 8:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAR 23 2016
J. HARRIS

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

AMERA BRANDS, 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 3-10-16 and assigned Florida document number L16000048868.

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:

344 N MAGNOLIA AVE

(Principal office address MUST BE A STREET ADDRESS)

OCALA, FL 34475

Enter new mailing address, if applicable:

344 N MAGNOLIA AVE

(Mailing address MAY BE A POST OFFICE BOX)

OCALA, FL 34475

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:

New Registered Office Address:

344 N MAGNOLIA AVE

Enter Florida street address

OCALA

City

Florida 34475

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:

MCR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	JENNIFER ALLEN	6876 HIDDEN GLADE PL	<input type="checkbox"/> Add
		SANFORD, FL 32771	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
		DEBBIE W. H	<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DeBBie Hefner	344 N Magnolia Ave	<input type="checkbox"/> Add
		OCALA, FL 34475	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

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

E. Effective date, if other than the date of filing: _____ (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 entered in this block does not meet the requirements of 605.0207 (3)(b), the date will be deemed to be the date of filing.

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.

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

Dated 3-22-2016

Signature of a member or auditor

Signature of a member or authorized representative of a member

TIM HEFNER

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$15.00

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