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GOEDE / ADAMCZYK / DEBOEST / CROSS

ATTORNEYS AND PROFESSIONAL COUNSEL

INFO@GADCLAW.COM / WWW.GADCLAW.COM

September 2, 2016

Via Certified Mail, RRR

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: LJB Consulting, LLC - Articles of Amendment to Articles of Organization

Dear Sir or Madam:

This Firm has the pleasure of representing LJB Consulting, LLC. Please find enclosed the Articles of Amendment to Articles of Organization amending the name of LJB Consulting, LLC to FOAMMATICK, LLC and our Firm's Trust account check in the amount of \$25.00 representing the filing fee.

Please process the enclosed application in your usual manner. Upon completion of same, correspondence may be returned to our Firm to: Goede, Adamczyk, DeBoest & Cross, PLLC, to 8950 Fontana Del Sol Way, First Floor, Naples, Florida 34109. Please do not hesitate to contact me or my Paralegal, Laura, at 239-687-3936 with any questions.

Thank you for your assistance with this matter.

Steven J. Adamczyk, Esq.

SJA/lc Enclosures CC: Client

COVER LETTER

| TO: | Registration Se Division of Cor | | | |
|----------------|------------------------------------|---|---|--|
| SUBJE | LJB Consu | lting LLC | | |
| 5000 | | Name of Lin | nited Liability Company | |
| The enc | losed Articles of | Amendment and fee(s) are sub | omitted for filing. | |
| Please r | eturn all correspo | ondence concerning this matter | to the following: | |
| | | Steve Adamczyk | | |
| | | | Name of Person | |
| | | Goede, Adamczyk, DeBoo | Name of Limited Liability Company nent and fee(s) are submitted for filing. concerning this matter to the following: e Adamezyk Name of Person de, Adamezyk, DeBoest & Cross, PLLC Firm/Company Fontana Del Sol Way, Suite 100 Address es, Florida 34109 City/State and Zip Code aczyk@gadclaw.com E-mail address: (to be used for future annual report notification) g this matter, please call: 239 at (| |
| | | | Firm/Company | |
| | | 8950 Fontana Del Sol Way | y, Suite 100 | |
| | | | Address | |
| | | Naples, Florida 34109 | | |
| • | | | City/State and Zip Code | <u> </u> |
| | | sadamczyk@gadclaw.com | | |
| | | E-mail address: (| to be used for future annual report noti | fication) |
| For furth | her information c | oncerning this matter, please ca | all: | |
| Larry B | | | | |
| | Name of | f Person | Area Code Daytime | e Telephone Number |
| Enclose | d is a check for th | ne following amount: | | |
| ■ \$25. | .00 Filing Fee | □ \$30.00 Filing Fee & Certificate of Status | Certified Copy | Certificate of Status & Certified Copy |

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

| | B Consulting LLC | |
|--|--|-----------------------|
| (<u>Name of the Limited Liability</u> (A Florida | y Company as it now appears on our records.) Limited Liability Company) | |
| The Articles of Organization for this Limited Liability Co | | and assigned |
| This amendment is submitted to amend the following: | | |
| A. If amending name, enter the new name of the limit | ted liability company here: | |
| FOAMMATICK, LLC | | |
| The new name must be distinguishable and contain the words "Limi | ted 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 ADDR | FSS) | |
| Trincipus office uniness most but the real most. | | |
| | | |
| Enter new mailing address, if applicable: | | |
| (Mailing address MAY BE A POST OFFICE BOX) | | |
| | | <u> </u> |
| | • | |
| B. If amending the registered agent and/or regist | ered office address on our records, ente | r the name of the ne |
| registered agent and/or the new registered office addr | <u>ress here</u> : | |
| | = | |
| Name of New Registered Agent: | 18 9 9 | <u> </u> |
| New Registered Office Address: | | |
| | Enter Florida street address | |
| | , Florida | |
| | 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

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 **Type of Action Address Name Title** □ Add □ Remove _□ Change _□ Add ☐ Remove □ Change □ Add ☐ Remove 3 □**Ç**hange 5 **E**□ Remove ☐ Change ☐ Add ☐ Remove ☐ Change □ Add ☐ Remove ☐ Change

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| tive date, if other than the date | of filing: | (optional) more than 90 days after filing.) Pursuant to 605 |
| If the date inserted in this block d | oes not meet the applicable statutory fili | ng requirements, this date will not be list |
| ment's effective date on the Departs | nent of State 8 records. | |
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Filing Fee: \$25.00