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COVER LETTER

TO: Registration Section Division of Corporations	95 → 4 - 5
SUBJECT: SHAME'S PAIN Name of Limited	MTING AMD MORE UC Liability Company
The enclosed Articles of Amendment and fee(s) are submit	ted for filing.
Please return all correspondence concerning this matter to	the following:
Shane	Name of Person
	Firm/Company
5325 Pin	e-kee Aue Apt B
Forama (Tity/State and Zip Code
E-mail address: (to b	e used for future annual report notification)
For further information concerning this matter, please call:	
Shane Of Person	at (802) 387 – 9400 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & □ \$60.00 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

The Articles of Organization for this Limited Liability Company were filed on Florida document number 416000072382 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 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Enter Florida street address

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					
<u>Title</u>	Name	Address	Type of Action		
MGR	Gillum, Burnie U	5325 Pinetree Alie ANA	□ Add		
		Panama City Bows FL 3240	8		
MBB	Clark, Shane	5325 Pinetree Ave Ap	□ Change		
		Panama City Beach FC	Remove		
		32408	Change		
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(If an e	effective date, if other than the date of filing: (optional) (optional) effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursua	int to 605	5,0207 (3)(b)
	If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no ment's effective date on the Department of State's records.	t be list	ed as th	e
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the e 90th day after the record is filed.	e earli	er of:	
Date	d 9/21 2014.			
	Might Smark and			
	Signature of a member or authorized representative of a member			
	Share Made			
	Typed or printed name of signee			

Page 3 of 3

Filing Fee: \$25.00