# L16000169367

| (Re                     | equestor's Name)  | ,           |
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| PICK-UP                 | ☐ WAIT            | MAIL        |
| (Bu                     | siness Entity Na  | me)         |
| (Do                     | ocument Number    | )           |
| Certified Copies        | _ Certificate     | s of Status |
| Special Instructions to | Filing Officer:   |             |
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Office Use Only



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TA JUN 21 PH 2: 38
SEPRETARY OF STATE

J. HAKELEJE

### **COVER LETTER**

| TO: Registration Division of C |  | <b>\$</b>  |  |
|--------------------------------|--|--|--|
| SUBJECT:E\                     | IERTTHING AM Name of Lim                     | ERICAU MADE.   | .com, uc   |
| The enclosed Articles          | of Amendment and fee(s) are sub-             | mitted for filing.   |  |
| Please return all corre        | spondence concerning this matter             | to the following:  |  |
|                                | RAQUEL                                       | S. DAVENDO   | RT   |
|                                | EVERYTHING                                   | AMELICAL HADE. Firm/Company  | com, uc  |
|                                | 2775 WIL                                     | LOW BAY TERL Address   | ACE  |
|                                | CASSELBER                                    | City/State and Zip Code  AVENDOR O YAH  to be used for future annual report noti | 1  |
|                                | RAQUELS DA<br>E-mail address: (1)            | AVENDORO YAH<br>to be used for future annual report noti                         | fication)  |
| For further informatio         | n concerning this matter, please ca          | all:   |  |
| RAQUEL                         | S. DAVENDOG<br>e of Person                   | at ( <u>32)</u> <u>292 9</u><br>Area Code Daytim                                 | e Telephone Number   |
| Enclosed is a check for        | r the 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) |

#### 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

## TO ARTICLES OF ORGANIZATION

| _   | Cirv  | Zip Code                              |
|---|---|---------------------------------------|
|   |   | , Florida                             |
| New Registered Office Address:                            | Enter Florida stre  | et adáress                            |
| Name of New Registered Agent:                             |   |                                       |
|   |   |                                       |
| registered agent and/or the new registered office         |   | records, giner the name of the ne     |
| 3. If amending the registered agent and/or                | registered office address on our  | Em @                                  |
|   |   | 70 N LJ                               |
| Mailing address MAY BE A POST OFFICE BO                   | <u></u>   | TO 11                                 |
| Enter new mailing address, if applicable:                 |   | 25 P                                  |
|   |   | 2点 量 4                                |
| <u>Principal office address MUST BE A STREET A</u>        | ADDRESS)  | 16<br>SE                              |
| Enter new principal offices address, if applicable        |   |                                       |
| he new name must be distinguishable and contain the words |   | on "LLC" or the abbreviation "L.L.C." |
|   |   |                                       |
| A. If amending name, <u>enter the new name of th</u>      | e limited liability company here:   |                                       |
| as amenament is submitted to amend the following          | ing:  |                                       |
| Florida document numberL160001093                         | <u>367</u> .  |                                       |
| The Articles of Organization for this Limited Liabi       | ility Company were filed on   | 0/16 and assigned                     |
| Name of the Limited (A)                                   | Liability Company as it now appears on ou<br>Florida Limited Liability Company) | r records.)                           |
|   | ericanmade.com  |                                       |

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

#### or removed from our records:

MGR = Manager AMBR = Authorized Member

| <u>Title</u> | <u>Name</u>  | <u>Address</u>                                   | Type of Action   |
|--------------|--------------|--|------------------|
| MBR          | ROBERI D.    | 2775 WILLOW BAY TERRIC<br>CASSELBÜRLY, FR. 32707 | <u>×</u> □ Add   |
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| E. Effect | tive date. if other than the date of filing: (option fective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after | onal)                 | F 0207 (2)(1)               |
| Yote:     | If the date inserted in this block does not meet the applicable statutory filing requirements, this   | date will not be list | 5.0207 (3)(b)<br>ted as the |
| docun     | nent's effective date on the Department of State's records.   |                       |                             |
| If the re | cord specifies a delayed effective date, but not an effective time, at 12:01 a  | m on the earli        | or of:                      |
|           | e 90th day after the record is filed.   | iiii. On the com      | er or.                      |
|           |   |                       |                             |
| Dated     | Juli 20 . 2016.   |                       |                             |
|           | 1(S) D , T  | TAS                   |                             |
|           | Signature of a member or authorized representative of a member  | ECR                   | months were                 |
|           | RADINEL C DOLLENDON   | 型 表                   | 1-6-8-9-9                   |
|           | RAQUELS. DAVELIOOR Typed or printed name of signee  | <del></del>           | .T. 1224).                  |
|           |   |                       | 77                          |
|           | rage 3 of 3   | : 38                  | <del>گ</del> مد.            |
|           |   |                       |                             |

Filing Fee: \$25.00