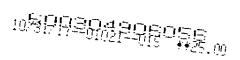
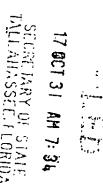
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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

O: Registration Section Division of Corporations	
UBJECT: John Young LLC  Rame of Limited Liability Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
lease return all correspondence concerning this matter to the following:	
John Wycong, Name of Person	
Firm/Company	
2506 Pierce St 7A	
Hollywood FL 33020 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
for further information concerning this matter, please call:	
Name of Person at (454) 479 4253 Area Code Daytine Telephone Number	
inclosed is a check for the following amount:	
\$25.00 Filing Fee \$\Bigcup \$30.00 Filing Fee & B\$55.00 Filing Fee & B\$60.00 Filing Fee,  Certificate of Status Certified Copy Certificate of Status  (additional copy is enclosed) 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

Johnyoungill	
( <u>Name of the Limited Liability Company a</u> (A Florida Limited Liabil	sit now appears on our records.) ity Company)
The Articles of Organization for this Limited Liability Company were Florida document number <u>LiuDol32039</u> .	e filed on 7/14/10 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability  Sales LLC  The new name must be distinguishable and contain the words "Limited Liability C	,
Enter new principal offices address, if applicable:	
(Principal office address MUST BE A STREET ADDRESS)	<b></b>
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:  Name of New Registered Agent:	address on our records, enter the name of the new
New Registered Office Address:	SA CONTRACTOR OF THE SAME
	Enter Florida street address
<del></del>	Florida Sip Cody
New Registered Agent's Signature, if changing Registered Agent:	(D) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A

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. Thereby 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, <u>enter the title, name, and address of each person</u> <u>being added or removed from our records</u>:

MGR = M $AMBR = A$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
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			□ Remove
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Page 3 of 3

Filing Fee: \$25.00