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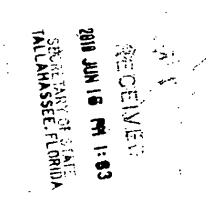
(Requestor's Name)	
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PICK-UP WAIT	MAIL
(Business Entity Name)	<del></del>
(Document Number)	
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## **COVER LETTER**

TO: Registration Se Division of Cou				
	REAK.COM, LLC			
SUBJECT:	Name of Lim	ited Liability Company		
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		
	Eugenio R. Cabrera			
		Name of Person		
	DATEAFREAK.COM, LI	.C		
		Firm/Company		
	825 Reflection Lane			
	-	Address		
	Weston, FL 33327			
	genecabi era28@yahoo.com	City State and Zip Code		
	<del>-</del>	to be used for future annua	l report notific	alion)
For further information of	concerning this matter, please ca	ail:		
Gene Cabrera		954 99 at ( )		
Name o	of Person	Area Code	Daytime T	Telephone Number
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	☐ \$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee Certified Copy Odding a copy of er		☐ \$60,00 Filing Fee. Certificate of Status & Certified Copy
Mail	ING ADDRESS:	STREE	терени	R ADDRESS;

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

DATEAFREAK.COM, LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited L	ny a <u>s it now appears on our records.)</u> nability Company)	
The Articles of Organization for this Limited Liability Company Florida document number <u>L16000162583</u>	were filed on <u>98/30/2016</u>	and assigned
his amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabi	lity company here:	
he new name must be distinguishable and contain the words "Limited Liabil	ity Company," the designation "LLC" or the	
Enter new principal offices address, if applicable:		<u> </u>
Principal office address MUST BE A STREET ADDRESS)		
		<b>E O</b>
		SSEE TO THE PROPERTY OF THE PR
Inter new mailing address, if applicable:		ma 3 5
Mailing address MAY BE A POST OFFICE BOX)		6: :
and the second		200
If amending the registered agent and/or registered of egistered agent and/or the new registered office address here		er the name of the
Name of New Registered Agent:		
New Registered Office Address:	P . P . 11	
	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

<u>Title</u>	Name	<u>Address</u>	Type of Action
MGR	Aaron Ross	4015 South 9th Street	
		Columbus, NE 68601	Remove
			☐ Change
MGR	James A. Sciarani	30 Broadway	Add
		Yerington, NV 89447	☐ Remove
			A Change
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(If an e <u>Note</u>	tive date, if other than the date of filing:			
	ecord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on t e 90th day after the record is filed.	he earl	ier of:	
Date	June 11th 2018			
	7 700 30			
	Signature of a member or authorized representative of a member			
	Signature of a member of authorized representative of a member			