## 117000026773

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**S Warren** FEB 1 5 2017

## COVER LETTER

TO: Registration Section Division of Corpora			**
SUBJECT:	Trepreneur Name of Limite	Threads LL( ad Liability Company	
The enclosed Articles of Ame		_	
_	Be Rya	n L. Gilpin Name of Person	·
-	Entrepreneur	Threads LLC Firm/Company	)
; -	5077 NW 7th	St APT1602 Address	
· (	nyanforeverin	33126 City/State and Zip Code Orofit Camail. Co Be used for future annual report to	or Or
For further information conce	rning this matter, please cal	<b>:</b>	
Ryan L. Gilpi Name of Per	<b>√</b> son		- 9710 time Telephone Number
Enclosed is a check for the fo	llowing amount:		
\$25.00 Filing Fec	1 \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ S60.00 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

Entrepreneur Ihreads LLC
Entrepreneur breads LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on Feb 2, 2017 and assigned
Florida document number 11700026773
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 "L.L.C."
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
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

Page 1 of 3

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> **Type of Action** Name Address Zachary Kagasoff 679 South State College Blud Add AMBR Fullerton, CA. 92831 ☐ Change □ Add ☐ Remove ☐ Change □ Remove ☐ Change □ Add ☐ Remove \_□ Change \_□ Add ☐ Remove ' 🔁 Change

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