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D BRUCE SEP 0 7 2018 October 20, 2017

WILLIAM N. GAMBERT, ESQUIRE 428 N. HALIFAX AVENUE DAYTONA BEACH, FL 32118 US

SUBJECT: THERE'S NO SEDRETS, LLC

Ref. Number: L17000200257

We have received your document for THERE'S NO SEDRETS, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 254-6051.

Judy A Leggett Regulatory Specialist II Registration Section Letter Number: 117A00021268

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THERE'S NO SEDRETS, LLC	
(Name of the Limited Liability Compa (A Florida Limited)	ny as it n <u>ow appears on our records.</u>) Dability Company)
The Articles of Organization for this Limited Liability Company	were filed on 09/27/17 and assigned
Florida document number L17000200257	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
THERE'S NO SECRETS, LLC	
The new name must be distinguishable and contain the words "Limited Liabi	lity Company," the designation "L.L.C" 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)	P P S S S S S S S S S S S S S S S S S S
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her	ffice address on our records, <u>enter the name of the nev</u> e:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Florida
	City Zip Code
	, Florida City Zip Code

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>	<u>Name</u>	Address	Type of Action
			□ Add
			☐ Remove
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Effective date, if other than the date of filing: If an effective date is listed, the date must be specific and cannot be prior to da Note: If the date inserted in this block does not meet the applicable document's effective date on the Department of State's records.	(optional) te of filing or more than 90 days after filing.) Pursuant to 6 statutory filing requirements, this date will not be li	05.0207 isted as
ne record specifies a delayed effective date, but not an The 90th day after the record is filed.	effective time, at 12:01 a.m. on the ear	lier of
DatedOctober_16,_2017		
intally among		
Signature of a member or authorized	Trepresentative of a member	
William N. Gambert, Esquire A Typed or printed nan	ttorney for corporation	

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Filing Fee: \$25.00