## L17000242516

(F	Requestor's Name)	
Δ)	Address)	
A)	address)	
(C	City/State/Zip/Phone	#)
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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500 ACCOUNT NO. : I2000000195 REFERENCE : 948181 / 8158762 AUTHORIZATION COST LIMIT : \$ 25.00 ORDER DATE: December 8, 2017 ORDER TIME : 12:16 PM ORDER NO. : 948181-010 CUSTOMER NO: 8158762 DOMESTIC AMENDMENT FILING NAME: YOUR MERCHANT GUYS, LLC EFFECTIVE DATE: XX ARTICLES OF AMENDMENT RESTATED ARTICLES OF INCORPORATION PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: \_\_ CERTIFIED COPY

EXAMINER'S INITIALS:

XX \_\_\_ PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT#

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YOUR MERCHANT GUYS, LLC	
(Name of the Limited Liability Comp. (A Florida Limited	nos as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Company Florida document number £17000242516	were filed on 11/27/2017 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	ility company here:
The new name must be distinguishable and contain the words "Limited Liab:	hty Company," the designation "LLC" or the abbreviation "LiLC"
Enter new principal offices address, if applicable:	his Company," the designation "LLC" or the abbreviation "LilcC"
Principal office address MUST BE A STREET ADDRESS)	
Inter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX	PO 30x 6679 AINEN, 56 29804
If amending the registered agent and/or registered off gistered agent and/or the new registered office address here	fice address on our records, <u>enter the name of the new</u> :
Name of New Registered Agent:	
New Registered Office Address:	Enter Florada street address

## Registered Agent's Signature, if changing Registered Agent:

why occept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the tsions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and at the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is a filed to merely reflect a change in the registered office address. I hereby confirm that the limited liability any has been notified in writing of this change.

Circ

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

Title	<u>Name</u>	<u>Address</u>	Type of Action
AMBR	Shawn M Wheeland	1908 Thomas Ave., Cheyenne, WY 82001	■ Add
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