Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H18000247082 3)))



Tc:		6
	Division of Corporations Fax Number : (850)617-6383	23
From:	Account Name : LEGALZOOM.COM INC. Account Number : 120010000062 Phone : (323)962-8600 Fax Number : (323)962-3889	EL PLORIDE
Enter	r the email address for this business entity to be used for future nnual report mailings. Enter only one email address please.	7*
Ε	mail Address:	
	LLC AMND/RESTATE/CORRECT OR M/MG RESIGN	

Ø

\$55.00 Estimated Charge

AUG 24 2018

Electronic Filing Menu

Corporate Filing Menu

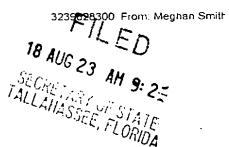
Help

COVER LETTER

	gistration Sec vision of Corp			
EL'DIEZE.		NGEROUS MEANS OF AI	RTILC	
SUBJECT:		Name of Limit	ed Eability Company	
The enclose	d Articles of z	Amendment and fee(s) are sub-	nitted for filing.	
		ndence concerning this matter t		
		Cheyenne Moseley		
			Name of Person	
		Legalzoom.com, Inc.		
			Firm/Company	<u> </u>
		101 N. Brand Blvd., 11tf	n Floor	
			Address	
		Glendale, CA 91203		
			City/State and Zip Code	
		calejharrington@gmail.co	on be used for fitting annual report notif	ication)
V. or Constant	intermulan o	oncerning this matter, please or		
		Sheering this matter, present of	 800 773-0888 e:	xt 9724
Cheyenne	Name o	'Person	at () Area Code Daytine	
		, , , , , , , ,		
Enclosed is	a check for th	ne following amount:		
\$25.00		☐ \$30.00 Filing Fee & Certificate of Status	\$55,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registr Divisio P.O. B	ING ADDRESS: ation Section on of Corporations ox 6327 assec, FL 32314	STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Ce	on Pations

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



MOST DANGEROUS MEANS OF ART 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 06/15/2018 Florida document number 1.18000148602	and assigned
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 end with the words "Limited Liability Company," the designation "LLC" or t	he 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, <u>em</u> registered agent and/or the new registered office address here:	ter the name of the ne
Name of New Registered Agent:	

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.

City

If Changing Registered Agent, Signature of New Registered Agent

Florida

Page 1 of 3

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR =	Manager	
AMBR =	Authorized	Member

<u>Title</u>	Name	Address	Type of Action
AMBR	William Ogle	1112 NE 29TH AVE.	
		GAINESVILLE, FL 32609	☑ Remove
			FILE EST
			TO 23 M 9: 30
			□ Remove
			□ Add
			☐ Remove
			☐ Remove

f amending any other information, enter chang	ge(s) here: <i>(Aud</i>	ich additional shee	ts, if necessary.)
	<u> </u>		
	<u> </u>		<u>-</u>
			
	···		
Effective date, if other than the date of filing: (The effective date must be specific, cannot be prior to date off the date this Jocument is filed by the Florida Department of S	receipt or filed date	und cannot be more tha	(optional) m 90 days after
Dated			
1. Oa	- /1	aton	
Signature of a memi	her of authorized re	presymptive of a ment	ber
	Cale Harring		

Page 3 of 3

Filing Fee: \$25.00

FILED

18 AUG 23 AM 9: 30

SECKEL/SSEE FLORID