## L20000187193

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## **COVER LETTER**

TO: Registration Sec Division of Corp			
SUBJECT: ————————————————————————————————————	11 Things E Jame of Lim	1 C. ited Liability Company	<u> </u>
The enclosed Articles of a	Amendment and fee(s) are sub	mitted for filing.	
Please return all correspor	adence concerning this matter	to the following:	
	Carl	Name of Person	
		Firm/Company	
	1420 9th	ave South	
	St. Peter	Story FL 35 CityState and Zip Code  C+ 29 11+1:25-E  to be used for future annual report noti	3705 tc.com
For further information co	encerning this matter, please co		neanon)
<u>CarlaDy</u> Name of	Vinfield Person	at (727)	9498 e Telephone Number
Enclosed is a check for the	e following amount:		
\$25,00 Filing Fee	☐ \$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)

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Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Compar (A Florida Limited L	ny as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company of Florida document number <u>L-30000187193</u>	were filed on Aug 25th 2003 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and contain the words "Limited Liabili	_
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
Enter new mailing address, if applicable: ( <u>Mailing address MAY BE A POST OFFICE BOX)</u>	ALL Things Etc. 100 and ave 5 Suite 205N #1012 St. Petersburg FL 33701
B. If amending the registered agent and/or registered office acagent and/or the new registered office address here:	ddress on our records, enter the name of the new registered
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
New Registered Agent's Signature, if changing Registered Agent:	City Florida i i i i i i i i i i i i i i i i i i

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 amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = N AMBR = A	lanager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
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