M0700004381

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
•				

Office Use Only



200134805852

08/25/08--01016--023 **25.00

15

DIVISION OF CORPORATION

08 SEP -9 AM 9: 35

(a. MCLEOD SEP 10 2008 EXAMINER

COVER LETTER

TO: Registration S Division of Co			
SUBJECT: SIM	PAW eson (Name of Lim	ne CC ited Liability Company)	
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.	
Please return all corresp	ondence concerning this matter	to the following:	
	Yuonn	(Name of Person)	
		(Name of Person)	
	Smply	(Name of Person) PAW esome CC (Firm/Company)	· · · · · · · · · · · · · · · · · · ·
	· · · · · · · · · · · · · · · · · · ·	(Firm/Company)	
	4321	Hamlin Way	
		(Address)	
	Winau	(City/State and Zip Code)	5
		(Chy/state and Zip Code)	
For further information	concerning this matter, please c	all:	
Patricia	Morgan	at (2 1) 1834 78	80
(Name	of Person)	(Area Code & Daytime T	elephone Number)
Enclosed is a check for t	he 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)

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

AFFIDAVIT BY FOREIGN LIMITED LIABILITY COMPANY TO CHANGE MANAGER(S) OR MANAGING MEMBER(S)

1. The name of the limited liability compand Department of State is:	y as it appears on the records of the Florida AWESOME LLC.
2. This entity was formed under the laws of	f: Maryland.
3. This entity was authorized to transact bu and its Florida document/registration number	siness in Florida on 7/23/07 er is M0700000 438)
4. The name and address of each manager of	or managing member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Yvonne Sargert 4321 Hamlin Way
MGRM	PATRICIA Morgan 3732 Horine Rol Jefferson, MD 21753
	ONVISION SECRE
	OF CORPUS
	35 ATIONS
Required Signature: (Signature o	me Sayert f Manager, Managing Member or Member)

Filing Fee: \$25