



DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
06/14/2013	201316401181	AMEND/ARTICLES-ORGANIZATION/DOM. LLC (LAM)	50.00	.00		.00	.00

Receipt

This is not a bill. Please do not remit payment.

WORRY-FREE MANAGEMENT LLC
SHELDON LITTLE
34194 AURORA RD. 162
OLON, OH 44139

STATE OF OHIO CERTIFICATE

Ohio Secretary of State, Jon Husted**1531466**

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

WORRY-FREE MANAGEMENT LLC

and, that said business records show the filing and recording of:

Document(s):

AMEND/ARTICLES-ORGANIZATION/DOM. LLC

Document No(s):

201316401181**Effective Date: 06/13/2013**

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the
Secretary of State at Columbus,
Ohio this 14th day of June, A.D.
2013.

Ohio Secretary of State



Form 543A Prescribed by:
Ohio Secretary of State
JON HUSTED
Ohio Secretary of State

Central Ohio: (614) 466-3910
Toll Free: (877) SOS-FILE (767-3453)
www.OhioSecretaryofState.gov
Busserv@OhioSecretaryofState.gov

Mail this form to one of the following:

Regular Filing (non expedite)
P.O. Box 1329
Columbus, OH 43216

Expedite Filing (Two-business day processing
time requires an additional \$100.00).
P.O. Box 1390
Columbus, OH 43216

Domestic Limited Liability Company Certificate of Amendment or Restatement

Filing Fee: \$50

(CHECK ONLY ONE (1) BOX)

(1) Domestic Limited Liability Company

☒ Amendment (129-LAM)

3/24/2005

Date of Formation

(2) Domestic Limited Liability Company

☐ Restatement (142-LRA)

Date of Formation

The undersigned authorized representative of:

WORRY-FREE MANAGEMENT LLC

Name of limited liability company

1531466

Registration Number

2013 JUN 13

If box (1) Amendment is checked, only complete sections that apply. If box (2) Restatement is checked, sections below must be completed.

The name of said limited liability company shall be:

WORRY-FREE MANAGEMENT LLC

Name must include one of the following words or abbreviations: "limited liability company," "limited," "LLC," "L.L.C.," "ltd." or "ltd"

This limited liability company shall exist for a period of:

Period of Existence

Purpose

ELOISE FOSH IS NO LONGER AFFILIATED WITH THE COMPANY AND SHELDON LITTLE IS SOLE OWNER.

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

Required

Must be signed by a member, manager or other representative.

If authorized representative is an individual, then they must sign in the "signature" box and print their name in the "Print Name" box.

If authorized representative is a business entity, not an individual, then please print the business name in the "signature" box, an authorized representative of the business entity must sign in the "By" box and print their name in the "Print Name" box.

Sheldon Little
Signature

By (if applicable)

SHELDON LITTLE

Print Name

Signature

By (if applicable)

Print Name

Signature

By (if applicable)

Print Name