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(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

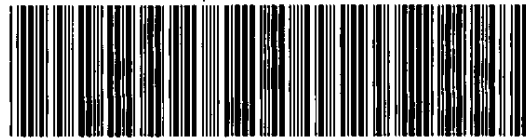
Special Instructions to Filing Officer:

L. SELLERS

JUL 28 2010

EXAMINER

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUL 22 PM 12:53

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DEJA-VU, LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

CLINT WALLACE
Name of Person

SCOTT & WALLACE, LLP
Firm/Company

1168 EAST TENNESSEE STREET
Address

TALLAHASSEE, FL 32308
City/State and Zip Code

CLINTWALLACE@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

CLINT WALLACE at (**850**) **264-3245**
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the 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

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

DEJA-VU, 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 JANUARY 3, 2008 and assigned
Florida document number L08000001041.

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 the 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, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: CLINT WALLACE
New Registered Office Address: 1168 EAST TENNESSEE STREET
Enter Florida street address
TALLAHASSEE, Florida
City

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10 JUL 22 PM 12:53
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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 608, 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.

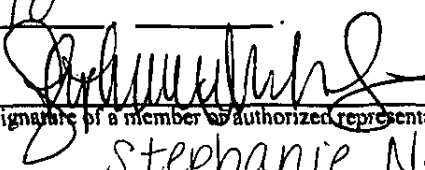
John Wallace
If Changing Registered Agent, Signature of New Registered Agent

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

MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	STEPHANIE NICHOLS	148 CAIN ROAD PANAMA CITY BEACH, FL 32413	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	JUSTIN O NICHOLS	148 CAIN ROAD PANAMA CITY BEACH, FL 32413	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	FOX NICHOLS, LLC	148 CAIN ROAD PANAMA CITY BEACH, FL 32413	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated 7/14/10


 Signature of a member or authorized representative of a member
Stephanie Nichols

 Typed or printed name of signee