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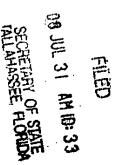
(Re	questor's Name)	
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M. THOMAS

AUG - 1 2008

EXAMINER

COVER LETTER -

TO:	Registration Section Division of Corporations	
SUBJ	ECT: Escapade Bridesmaid Boutique, LL (Name of Limited Liability Company)	.(
	(Name of Limited Liability Company)	
The er	nclosed Articles of Amendment and fee(s) are submitted for filing.	
Please	e return all correspondence concerning this matter to the following:	
	Rosesise Program E F	
	Rosesise Prospere (Name of Person)	T
	Escapade Bridesmaid Boutique, Lifer	<u>, </u>
	(Firm/Company)	
	500 NE 74th Street Sin 3	
	(Address)	
	· · · · · · · · · · · · · · · · · · ·	
	Miami FL 33138 (City/State and Zip Code)	
	(Cny/State and Zip Code)	
For fu	rther information concerning this matter, please call:	
0.	0-1-1	
KU	OSESISE Prospeve at 305, 494 8686 (Name of Person) (Area Code & Daytime Telephone Number)	
	(Alea Code & Daytime Telephone Number)	
P1		
_ /	sed is a check for the following amount:	
\$2	5.00 Filing Fee \$\ \tag{\$\frac{1}{2}\text{30.00}\text{Filing Fee & }\tag{\$\frac{1}{2}\text{50.00}\text{Filing Fee & }\tag{\$\frac{1}{2}\text{Certificate of Status & }\text{Certificate of Status & }\text{Certified Copy }\text{ (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

(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 O3 10 08 and assigned

Florida document number L0 8 0000 2 4 777.

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 "LLC".

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:

New Registered Office Address:

(Enter Florida street address)

(Enter Florida street address)

(Enter Florida street address)

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.

(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

Type of Action Title . <u>Name</u> **Address** Kemove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Rosesise Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00