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(Parameter Alice)				
(Requestor's Name)				
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SECRETARY OF STATE A
TANT AHASSEE, FLORIDA

J. SAULSBERRY EXAMINER

MAY 24 2011

COVER LETTER

TO: Registration S Division of Co			
SUBJECȚ:	Sie Chic, Name of Limi	ted 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:	
	Anne Gi Gi 'e	Name of Person Subject Firm/Company	
	435 1	oth Ave W. Un	i+A
	Palmetta 101mi as E-mail address: (1	City/State and Zip Code USS Whyther annual report notification of the control of	2011 HAY 23 TALLAHASS TALLAHASS
For further information of	concerning this matter, please c	all;	लिं र र
DY \\ Name o	March of Person	at (941) 538 - Area Code & Daytime T	PH 2: 49 Celephone 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)
MATE	INC ADDDESS.	CTDFFT/CAUDIES	, ADDRECO.

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**

hose Chic	LILL								
(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 Florida document number	Company were f	iled on UL	1/2010	and assigne	∌d				
This amendment is submitted to amend the following:		J		•					
A. If amending name, <u>enter the new name of the li</u>	mited liability co	mpany here:							
GiGiSCIDER, LLC									
The new name must be distinguishable and end with the w "L.L.C."	ords "Limited Liab	oility Company," th	e designation "L	LC" or the abbro	eviation				
Enter new principal offices address, if applicable:	<u> </u>	35 104	h Ave.	W.Ur	11-1-				
(Principal office address MUST BE A STREET ADL	DRESS) F	almete) FL:	3420	<u>, </u>				
	. (<u>S</u>	ime as	before	<u>→</u> =					
Enter new mailing address, if applicable:		Same		THAY 2	magazoni				
(Mailing address MAY BE A POST OFFICE BOX)				<u> </u>	parent T				
				河 県 P	- 4 · · · · · · · · · · · · · · · · · ·				
B. If amending the registered agent and/or registered office address on our records, enter the maine of the new registered agent and/or the new registered office address here:									
Name of New Registered Agent:	Anne	Walpe	· · ·						
New Registered Office Address:	435	Enter Flo	FVE. W prida street addr	Uni+1	\bigcirc				
	Palme City	HO	, Florida	3426 Zip Code	<u>}</u>				
New Registered Agent's Signature, if changing Register	red 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 gent, Signature of New Registered Agent

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

MGR = Manager

MGRM = Managing Member Title **Type of Action Address** Name ☐ Add 1 Remove Remove ☐ Add ☐ Remove Add Remove □Add Remove ∏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 Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00