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OCT 18 2010

EXAMINER



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10/15/10--01027--005 **25.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

10 OCT 15 AMI1:5

COVER LETTER

TO:	Registration Se Division of Con	ection rporations		·		
CUDII	CT.	JUST T	HREADS, LLC			
SUBJE	.CI;		ted Liability Company			
			. ,	•		
The en	closed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspondence concerning this matter to the following:						
			HAZEL			
			Name of Person			
		.1	OEL MARCUS, CPA			
			Firm/Company			
		676 V	VEST PROSPECT ROAD			
			Address			
		FT. L	AUDERDALE, FL 33309			
		·	City/State and Zip Code			
		JMAR	CUSCPA@YAHOO.COM			
		E-mail address: (to be used for future annual report noti	fication)		
For fur	ther information o	concerning this matter, please of	call:			
		HAZEL	at (_954)	566-8513		
Name of Person Area Code & Daytime Telephone Number						
Enclos	ed 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)		
Enclos	Name of the control o	JMAR E-mail address: (concerning this matter, please of HAZEL of Person the following amount: \$30.00 Filing Fee &	City/State and Zip Code CUSCPA@YAHOO.COM to be used for future annual report noti call: at (954_) Area Code & Daytin \$55.00 Filing Fee & Certified Copy	566-8513 The Telephone Number \$60.00 Filing Fee, Certificate of Status & Certified Copy		

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

JUST :	THREADS, LLC		
(Name of the Limited Liability (A Florida L	Company as it now appea imited Liability Company)	rs on our records.)	
·	• • • • • • • • • • • • • • • • • • • •		
The Articles of Organization for this Limited Liability Co	ompany were filed on	07/19/2010	and assigned
Florida document numberL10000075705	<u>_</u> .		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ted liability company be	re:	
<u> </u>		<u>. </u>	
The new name must be distinguishable and end with the work	ds "Limited Liability Comp	any," the designation "L	LC" or the abbreviation
"L.L.C."		• •	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDR	(ESS)		5 0
			26. 2
Enter new mailing address, if applicable:			TARY IARY
(Mailing address MAY BE A POST OFFICE BOX)			
			II: 56
B. If amending the registered agent and/or regist		our records, <u>enter t</u>	he name of the new
registered agent and/or the new registered office addr	<u>ress here</u> :		
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address, Florida		
	City		Zip Code

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

<u>Title</u>	<u>Name</u>	Address	Type of Action		
MGRM	BENSOUSSAN, MAURICE	11 BROADWAY, SUITE 1515 NEW YORK, NY 10004	Add 		
	, , , , , , , , , , , , , , , , , , , 		Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
			Add Remove		
D. If amend	ding any other information, enter chang	e(s) here: (Attach additional sheets, if necessary.)			
<u></u>			_ _		
Dated	OCTOBER 8TH , 20	<u>)10 </u>			
	Signature of a member or authorized representative of a member				
	•	OANIEL AMUIAL			
		or printed name of signee			

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Filing Fee: \$25.00