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Office Use Only



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FEB 2 6 2013

T. HAMPTON

COVER LETTER

	n of Corporations
SUBJECT:	CHIC INNOVATIONS LLC
	Name of Limited Liability Company
The enclosed Ar	ticles of Amendment and fee(s) are submitted for filing.
Please return all	correspondence concerning this matter to the following:
	AMY AMMEIZMAN Name of Person
	Name of Person
	Firm/Company
	3714 VIRGINIA DR
	Address
	ORLANDO, PL 32903 City/State and Zip Code
	City/State and Zip Code AMMOFSU D. 2001. Com E-mail address: (to be used for future annual report notification)
For further infor	e-mail address: (to be used for future annual report notification) mation concerning this matter, please call:
Any A	Name of Person at (407) 2710 - 2398 Area Code & Daytime Telephone Number
,	Name of Person Area Code & Daytime Telephone Number
Enclosed is a ch	eck for the following amount:
\$25.00 Filing	Gree □\$30.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) □\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	And the second s

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

CHIC INNOVAT		
(Name of the Limited Liabil (A Florid	ity Company as it now appears of a Limited Liability Company)	n our records.)
(*******	<i>-</i>	
The Articles of Organization for this Limited Liability	Company were filed on MAY	31 , 2012 and assigned
Florida document number L12000072511	····································	13 Visa
		8334 SECRET
This amendment is submitted to amend the following:		3 25
_		70
A. If amending name, enter the new name of the li	mited liability company here:	
LICENSE ME LLC		2 2
The new name must be distinguishable and end with the w "L.L.C."	vords "Limited Liability Company,	"the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADD	DRESS)	1/2
		4/7
_		en e
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)	· · · · · · · · · · · · · · · · · · ·	/n
		H
B. If amending the registered agent and/or reg		records, enter the name of the new
registered agent and/or the new registered office ac	adress nere:	
The second secon		
Name of New Registered Agent:	***	
New Registered Office Address:		
	Enter	Florida street address
	1	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 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** <u>Title</u> <u>Name</u> <u>Address</u> Remove Remove Remove Remove Remove Add Remove

f amending any other inf	formation, enter change(s) here: (Attach additional sheets, if necessary.)
d FEBRUARY 21	, 2013.
	Signature of graember or authorized representative of a member ANY AMMERICAN
	Signature of a member or authorized representative of a member
	()
	ANY AMMERICAN Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00