Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN FOOTSMART COMFORT SHOES, L.L.C.

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Corporate Filing Menu

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B. BOSTICK

EXAMINER

COVER LETTER

	on Section f Corporations		
FOC	TSMART COMFORT SHOES, L.L.C.		
	Name of Limited Liability Company		
	es of Amendment and fee(s) are submitted for filing.		
	Cheyenne Moseley		
	_		
	_		
	Glendale, CA 91210		
	City/State and Zip Code kurts31@aol.com		
	E-mail address: (to be used for future annual report notification)	(ca)	
For further informa	tion concerning this matter, please call:	3 5	
lmelda Vasque	323 962-8600 ext 7950	語 22	
N	ame of Person Area Code Daytime Telephone Number	T .	
Enclosed is a check	for the following amount:		
□ \$25.00 Filing F	Certificate of Status Certified Copy Certified (additional copy is enclosed) Certified Certified Copy	ate of Status &	

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 Liebility			
(A Florida	y Company as it now appears on our records.) Limited Liability Company)		
The Articles of Organization for this Limited Liability Co Florida document number L03000009301	ompany were filed on 03/13/2003	and assigned	
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ted liability company here:		
EDGEWATER COMFORT SHOES L.L.C.			
The new name must be distinguishable and end with the words "Lin	nited 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 ADDR	ESS)		
		28	
Enter new mailing address, if applicable:		100	
(Mailing address MAY BE A POST OFFICE BOX)			
	-		
To To 11 11 11 11 11 11 11 11 11 11 11 11 11		를 보고 있다.	
B. If amending the registered agent and/or registered agent and/or the new registered office addr		enter the name of the new	
Name of New Registered Agent:			
New Registered Office Address:			
	Enter Florida street address		
	, Florida		
	City	Zip Code	
New Registered Agent's Signature if changing Degistered	A nont		

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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager AMBR = Authorized Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
	<u> </u>		Add		
			Remove		
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Kurt A. Schierlinger

P. 5

E. Effective date, if other than the date of filing:

(Optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated

O2 - 20

Signature of a member of a member of a member

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Typed or printed name of signee

Filing Fee: \$25.00

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850-617-6381

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February 10, 2014

FLORIDA DEPARTMENT OF STATE

Division of Corporations

FOOTSMART COMFORT SHOES, L.L.C. 201 S. RIDGEWOOD AVENUE, SUITE #3 EDGEWATER, FL 32132

SUBJECT: FOOTSMART COMFORT SHOES, L.L.C.

REF: L03000009301

We received your electronically transmitted document. Sowever, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

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If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick Regulatory Specialist II FAX Aud. #: H14000031482 :- Letter Number: 414A00002930

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