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Office Use Only

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COVER LETTER

TO:	Registration Sect Division of Corpo			
SUBJE	ECT:	Grober (Name of Lim	19 E TUUUS DE ited Liability Company)	velopment, LUC
The en	closed Articles of Ar	nendment and fee(s) are sub	mitted for filing.	
Please	return all correspond	ence concerning this matter	to the following:	
		John	E. Gnberny (Name of Person)	
			(Firm/Company)	
		8872	Club Estates	Way
		Lake	WOrth, FC 33 (City/State and Zip Code)	1467
For fur	ther information con	cerning this matter, please c	all:	
<u></u>	Sara L (Name of l	Verson)	at <u>561</u> 722-70 (Area Code & Daytime To	2 S S elephone Number)
Enclose	ed is a check for the	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)

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.)	LLC
(A Florida Limited Lia	ability Company)	
The Articles of Organization for this Limited Liability Company w	vere filed on June 4,20	OS and assigned
Florida document number L05000 61712		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	ity company here:	
"I DO" Bridals. The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Company," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		· · · · · · · · · · · · · · · · · · ·
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered office address here:		the name of the new
Name of New Registered Agent:		
New Registered Office Address:		08
	(Enter Florida street ad	idress)
	, Florida	<u>(1)</u>
	(City)	(Zip Code)
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree the provisions of all statutes relative to the proper and comple		

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 = Mai MGRM = M	nager Ianaging Member		
<u>Title</u>	Name	<u>Address</u>	Type of Action
			Add Remove
			Add Remove
		- /	Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter	change(s) here: (Attach additional sheets, if	necessary.)
<u>.</u> —			
_	E 1 10		SECRETARIASSI
Dated	Sept (2 John E. Ambrug Signature of the	Manuagio, Menben member or authorized representative of a member	
	John	E. Grobelny Jr. Typed or printed name of signée)A

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Filing Fee: \$25.00