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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

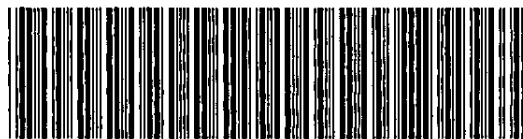
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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Pants Lin-Heeled, LLC  
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Cheryl Mancini  
Name of Person

L & C Associates, LLC  
Firm/Company

5864 NW 125 Terr  
Address

Coral Springs FL 33076  
City/State and Zip Code

CH9216@AOL.com  
E-mail address: (to be used for future annual report notification)

CLERK OF STATE  
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Cheryl Mancini at (561) 716-7731  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |  |  |  |
|---|--|--|--|
| <input type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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**

Pants Un-Healed, LLC

(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 Company were filed on 9/12/2005 and assigned Florida document number H05000215571

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

L & C Associates, LLC

The new name must be distinguishable and end with the words "Limited 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 ADDRESS)

5864 NW 125 Terr  
Coral Springs, FL 33076

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 on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

Cheryl Mancini

New Registered Office Address:

5864 NW 125 Terr

*Enter Florida street address*

Coral Springs, Florida 33076  
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.*

Cheryl Mancini

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>	<u>Address</u>	<u>Type of Action</u>
CEO	LuAnn Jacob	1755 NE 52 St.	<input checked="" type="checkbox"/> Add
		Ft. Lauderdale, FL	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

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Dated 7.25, 2013.

Cheryl Mancini

Signature of a member or authorized representative of a member

Cheryl Mancini

Typed or printed name of signee

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Filing Fee: \$25.00

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA