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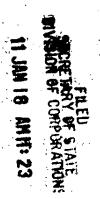
(Requestor's Name)				
(Address)				
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COVER LETTER

Division of Co	rporations				
SUBJECT:	Sheer Elegance Bea	ich Weddings & More, LL	.C`		
Name of Limited Liability Company					
Missississississississississississississ	6 A d d 6(-) 1				
The enclosed Articles o	f Amendment and fee(s) are sub	omitted for filing.			
Please return all corresp	ondence concerning this matter	to the following:			
		Lana Hannah			
Name of Person					
	Sheer Flegan	ce Beach Weddings, & More,	ПС		
	Firm/Company				
	3017 LaSalle Court				
	Address				
	Crestview, FL 32539				
	City/State and Zip Code				
	E-mail address: (to be used for future annual report notificat	ion)		
For further information	concerning this matter, please of	eall:			
	ana Hannah	050 1-6 1601	<i>'</i>		
Lana Hannah Name of Person		at (850) 682-5868 Area Code & Daytime Telephone Number			
·	011 013011	Area code a Dayame 1	elephone (tumber		
Enclosed 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:

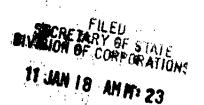
Registration Section

TC;

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



Bill	Hannah Enterprises, LLC	C 🦸		
(Name of the Limited	Liability Company as it now appea Florida Limited Liability Company)	rs on our records.		
(/)	Tiona Bilinea Blacking Company,	•		
The Articles of Organization for this Limited Li	ability Company were filed on	8/11/2006	and assigned	
Florida document numberL06000079	502			
This amendment is submitted to amend the following	owing:			
A. If amending name, enter the new name of	the limited liability company her	<u>re</u> :		
Sheer Elega	ance Beach Weddings & Mo	re, LLC		
The new name must be distinguishable and end wit "L.L.C."	h the words "Limited Liability Compa	any," the designation "l	LLC" or the abbreviation	
Enter new principal offices address, if applica	able:			
(Principal office address MUST BE A STREE	T ADDRESS)		· · · · · · ·	
Enter new mailing address, if applicable:				
(Mailing address MAY BE A POST OFFICE)	4			
muning muress MITI BETTI OSI OTTICE				
				
B. If amending the registered agent and/o	or registered office address on	our records, enter	the name of the new	
registered agent and/or the new registered of		,		
Name of New Registered Agent:				
-				
New Registered Office Address: Enter Florida street address				
	Line: 1 Wind Street address			
	20.	, Florida		
	Citv		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: `j'` MGR = Manager MGRM = Managing Member Title Name ' **Address** Type of Action ☐ Add Remove ☐ Add Remove ☐ Add ☐ Remove Add Remove □Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) January 7 2012 Dated ___ Signature of a member or authorized representative of a member Bill Hannah

Page 2 of 2

Filing Fee: \$25.00

Typed or printed name of signee