L06000105000

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
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12/01/08--01016--007 **25.00

THE BY STATE OF STATE OF CORPORATIONS

J. BRYAN

DEC - 2 2008

EXAMINER

COVER LETTER

	ration Section on of Corporations				
SUBJECT:		s and Chickadees, U.C.			
*	(Name of L	imited Liability Company)			
The enclosed A	rticles of Amendment and fee(s) are	submitted for filing.			
Please return all	correspondence concerning this mat	ter to the following:			
		Juan C. Villaveces	08 DEC -1 PM 2: 46		
		(Name of Person)	PC 284		
		Abel Band, Chartered			
		(Firm/Company)	PH 25		
		240 S. Pineapple Avenue			
	and definition of the second s	(Address)			
		Sarasota, Florida 34236			
		(City/State and Zip Code)			
For further info	rmation concerning this matter, pleas	e cali:			
Juan C. Villaveces		at (941) 364-2765			
(Name of Person)		(Area Code & Daytime T	Celephone Number)		
Enclosed is a ch	eck for the following amount:				
2 \$25.00 Filin	g Fee \$\Bigsiz\$\$\$\$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

08016	Wishing Com. PH 2	
	12:46	THE STATE OF THE S

	es and Chickadees, LLC		5
(Name of the Limited Liability (A Florida)	y Company as it now appear Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability C	Company were filed on	10/30/06	and assigned
Florida document numberL06000105000	<u>_</u> .		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	ited liability company her	<u>'e</u> :	
Boutique	Lucky Stars, LLC		
The new name must be distinguishable and end with the wor "L.L.C."	rds "Limited Liability Compa	nny," the designation "	LLC" or the abbreviation
Enter new principal offices address, if applicable:	-		
(Principal office address MUST BE A STREET ADDI	RESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
Instance under Cos (M11 DE N1 OS1 O1 1102 DOIL)			**************************************
·	 	<u></u>	
B. If amending the registered agent and/or regis		our records, enter	the name of the new
registered agent and/or the new registered office add	ress here:		
Name of New Registered Agent:			
New Registered Office Address:			
	(E)	nter Florida street ad	(dress)
		, 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 Changing Registered Agent, Signature of New Registered Agent)

If amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Ma	nager		
MIGKMI = N	Managing Member		
Title ,	<u>Name</u>	Address	Type of Action
			∏ Add
			Remove
•			_
			Add
			Remove
			
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			Remove
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D. If amen	ding any other information, enter change	e(s) here: (Attach additional sheets, if necessary.)	
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			D STATE RPORATION PM 2: 46
			- 5 👼
Dated	November 24, 20	<u>108</u> .	Ũ,
	1 x. V.	11.00	
	Signature of a member	or authorized representative of a member	
		nifer R. Villaveces	
	Typed	or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00