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(Requestor's Name)					
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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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TO APR 30 PH 3: 25

T. HAMPTON

MAY - 8 2010

EXAMINER

COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	Urbar	n Betty, LLC	
		ted Liability Company	
	f Amendment and fee(s) are sub condence concerning this matter	•	
		Betty A Sanders	
		Urban Betty, LLC	
	3	587 Clay Brick Road	
		Address	
		armony, Florida 34773 City/State and Zip Code	
	urbanb	pettyboutique@yahoo.com to be used for future annual report notific	ation)
For further information	concerning this matter, please of	•	
FOR IUIUICI IIIOIIIIAUOII	concerning this matter, prease c	au.	
	etty A Sanders	all ' I	05-7916
Name	of Person	Area Code & Daytime	Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	LING ADDRESS:	STREET/COURIE Registration Section	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

/No	Urban Be	eny, LLC				
(Name of the Limited	Florida Limited I	ny as it now appear Liability Company)	s on our records.)			
The Articles of Organization for this Limited L Florida document numberL07000010	were filed on	April 28, 2010	and assigne	d		
This amendment is submitted to amend the foll	owing:					
A. If amending name, enter the new name o	f the limited liab	ility company her	ē:			
	Jrban Betty Bo	outique, LLC				
The new name must be distinguishable and end wi "L.L.C."	th the words "Limi	ited Liability Compa	ny," the designation "L	LC" or the abbre	viation	
Enter new principal offices address, if applic	able:	1222 10th Str	eet	<u></u>	¥s.	
(Principal office address MUST BE A STREE	T ADDRESS)	Saint Cloud, I	FL 34769		<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE) B. If amending the registered agent and		Tice address on o	ur records enter th	SO S	U)	
registered agent and/or the new registered of	ffice address her	<u>e</u> :	ar records, <u>circi</u> tr	ie name or tu	<u> </u>	
Name of New Registered Agent:	Betty A Sanders					
New Registered Office Address:	Street	er Florida street addr				
		Saint Cloud City	, Florida	34769 Zip Code		
New Pagistared Agent's Signature if shanging I	Dagistared Accepts	•		p		

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 as 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 affice 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:

MGR = Manager

MGRM = Managing Member **Type of Action Title Address Name MGRM Betty Sanders** 3587 Clay Brick Road ✓ Add Remove Harmony, Florida 34773 Romona Flamily MGRM ✓ Add 6121 Bass Highway Remove Saint Cloud, FL 34771 ∏ Add Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) ignature of a member or authorized representative of a member **Betty A Sanders** Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00