

LD7000042489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

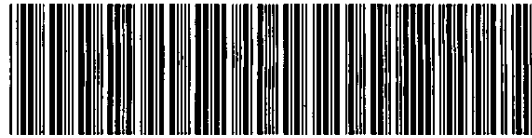
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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C. LEWIS

SEP 9 2009

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: L'Argent, 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:

Ciel Caldwell

Name of Person

Firm/Company

717 Atlantic Avenue, Unit 5C

Address

Boston, MA 02111-2814

City/State and Zip Code

CCALDWELL@vistaprint.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christian M. Fleming

Name of Person

at (**561**)

622-2700

Area Code & Daytime Telephone Number

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
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

FILED

2009 SEP -8 PM 1:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

L'Argent, 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 April 20, 2007 and assigned
Florida document number L07000042489.

This amendment is submitted to amend the following:

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

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)

717 Atlantic Avenue, Unit 5C
Boston, MA 02111-2814

Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)

717 Atlantic Avenue, Unit 5C
Boston, MA 02111-2814

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: Ronald H. Wisneski

New Registered Office Address: 810 Saturn Street, Suite 30

Enter Florida street address

Jupiter, Florida 33477
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.

Ronald H. Wisneski
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>
MGRM	Phyllis Domm	6038 S.E. Horseshoe Point Plance Stuart, Florida 34997	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Ciel Caldwell	717 Atlantic Avenue, Unit 5C Boston, MA 02111-2814	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated

Sept 7th

2009

Ciel Caldwell

Signature of a member or authorized representative of a member

Ciel Caldwell

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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