

Division of Corporations

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**L07000042506**

Florida Department of State

Division of Corporations

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## To:

Division of Corporations  
Fax Number : (850) 617-6383

## From:

Account Name : BARINAS & ASSOCIATES INC.  
Account Number : I20000000082  
Phone : (305) 871-0889  
Fax Number : (305) 870-9623

2009 OCT -5 AM 8:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

MON AMOUR RAGDOLLS, LLC

Certificate of Status	1
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C. LEWIS

OCT - 6 2009

EXAMINER

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TALLAHASSEE, FLORIDA

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**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: MON AMOUR REGDOLLS, 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:

YANELLE BARINAS

Name of Person

BARINAS AND ASSOCIATES, INC

Firm/Company

5701 NW 36 ST

Address

MIAMI, FL 33166

City/State and Zip Code

BARINASB@BELLSOUTH.NET

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

For further information concerning this matter, please call:

YANELLE BARINAS

Name of Person

at ( 305 )

871-0889

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 &  
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(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 OCT -5 AM 8:25****SECRETARY OF STATE  
TALLAHASSEE, FLORIDA****MON AMOUR RAGDOLLS, 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 04/27/2007 and assigned  
Florida document number L07000042506.

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)

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:

New Registered Office Address:

*Enter Florida street address*

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

in 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

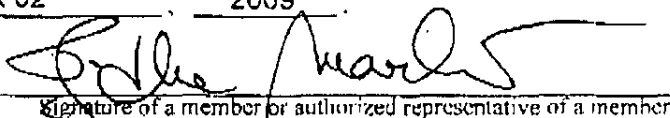
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	VIOTTI R CHRISTIANO	1378 SABAL TRAIL WESTON, FL 33327	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	EITAN STARK	10526 SW 52ND ST COOPER CITY, FL 33328	<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 OCTOBER 02, 2009

  
Signature of a member or authorized representative of a member

Jitka Markova  
Typed or printed name of signee

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