(R	Requestor's Name)	
(A	ddress)	
(A	.ddress)	
. (C	City/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(B	Business Entity Nam	ne)
(D	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	o Filing Officer:	
	A. LUN	Т
	APR 24 2008	
E	XAMIN	ER

Office Use Only



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04/23/08--01037--003 **30.00

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Face Shoes (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:
(Name of Person)
Firm/Company)
3553 Olde (Address) (Address) (City/State and Zip Code) (City/State and Zip Code) (City/State and Zip Code)
For further information concerning this matter, please call: Coe Page Cou at (813) 3 7 - 5120 RE W W W W W W W W W
Enclosed is a check for the following amount: \$25.00 Filing Fee \(\) \$30.00 Filing Fee \(\) Certificate of Status \$60.00 Filing Fee, Certificate of Status \(\) Certificate of Status
Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) 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		•	
	Last Shass			
(Name of the Limited (A	Liability Company as it now appears of Florida Limited Liability Company)	on our records.)		
The Articles of Organization for this Limited Lia	ability Company were filed on	16/07	and assigned	i
Florida document number (1071979)	(X) 377 (C) 75232	•		
This amendment is submitted to amend the follo				
A. If amending name, <u>enter the new name of</u>	the limited liability company here:	SEC: TALL	7008	
The new name must be distinguishable and end with 'L.L.C."	h the words "Limited Liability Company	," the designation TARY C	Legor the above	/iâtion
B. If amending the registered agent and/o registered agent and/or the new registered of	or registered office address on our <u>fice address here</u> :	records, enter the	Ψ —	e new
N. CN. D. Street J.A. 1994	Lenei Pare	> ``	36	, 3 °
Name of New Registered Agent: New Registered Office Address:	3553 Olde	Lange		
	Land O Lakes	r Florida street ada	lress) 24 1-3 Q	
	(City)	, Florida	(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:

MGR ≒ Manager MGRM = Managing Member						
<u>Title</u>	Name	Address	Type of Action			
Algen	Faith Shorter	Land OLAXES, 71.	Add Remove			
MGen	Leve, Porter	Land O Lakes 71	Add Remove			
MGRM	Leve. Parenteau	tand a lakes. +L	Add Remove			
			Add Remove			
	wawner of the second		Add Remove			
			Add Remove			
D. If amendir	ng any other information, enter change(FILED			
Dated	Signature of a member of	r authorized representative of a member	<u>-</u>			

Page 2 of 2

Filing Fee: \$25.00