L07000087666

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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| |

Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations | | |
|--|---|---|
| SUBJECT: Bare Sole Sa | ndals, LLC | |
| (Name of Limited | d Liability Company) | |
| • | | |
| The enclosed Articles of Amendment and fee(s) are submi | tted for filing. | |
| Please return all correspondence concerning this matter to | the following: | |
| Michelle L | Name of Person) | |
| Bare Sole | Sondals, L | <u> </u> |
| PO BOX 43 | 60 18 2 (Address) | OK 07 22 |
| big fine b | State and Zip Code) | 07 0CT 22 PH 2: 04 07 0CT 22 PH 2: 04 |
| For further information concerning this matter, please call: | : | * |
| Michelle Beighley (Name of Person) | at (<u>305) </u> | be Telephone Number) |
| Enclosed is a check for the following amount: | | |
| \$25.00 Filing Fee \$\sum \text{S30.00 Filing Fee & Certificate of Status} | \$55.00 Filing Fee & Certified Copy (additional copy is enclosed) | S60.00 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/COURING Registration Section Division of Corpora Clifton Building 2661 Executive Cer | n ations |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| • | |
|---------|---|
| | Bare Sole Sandals, LLC |
| • | (Present Name) (A Florida Limited Liability Company) |
| | |
| | |
| FIRST: | The Articles of Organization were filed on $\frac{82707}{4000087666}$ and assigned document number $\frac{L0700087666}{4000087666}$. |
| SECOND: | This amendment is submitted to amend the following: |
| | Correct business mailing address to: |
| | PO Box 430192 |
| | Big Pine Key, FL 33043 |
| | |
| | Correct Registered agent address to |
| | Michelle Belahley |
| | 701 Spanish Main Dr. #179 |
| | PO BOX 4-20682 |
| | Cudpe Key, FL 33042 |
| | |
| | |
| Dated | <u>0/16/0/</u> , |
| | |
| | Michelle of Beightey |
| | Signature of a member of authorized representative of a member |
| | Michelle L Beighlex |
| | Typed or printed name of signee |

Filing Fee: \$25.00