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ECRETARY OF STATE OF CORPORATIONS

J. BRYAN

AUG - 4 2008

EXAMINER

COVER LETTER

TO:

Registration Section **Division of Corporations**

(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)	
PREC	ious M	(Firm/Company)	HATICULS & HORE
1689	NORTH	HIATUS RE	2A2
PEH	BROKE (C	PINES, FL City/State and Zip Code)	33026

For further information con

(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

PRECIOUS HON	LENTS INVITATIONS & MORE LLC 2
(Name of the Limited Lia (A Flor	LENTS INVITATIONS & MORE LLC Billity Company as It now appears on our records. Cida Limited Liability Company)
The Articles of Organization for this Limited Liabil	ity Company were filed on <u>09-17-2007</u> and assigned
Florida document numberL070009453	32.
This amendment is submitted to amend the following	g:
A. If amending name, enter the new name of the	limited liability company here:
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	
(Principal office address MUST BE A STREET A	DDRESS)
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX	0
B. If amending the registered agent and/or r registered agent and/or the new registered office	egistered office address on our records, enter the name of the new address here:
Name of New Registered Agent:	
New Registered Office Address:	
·	(Enter Florida street address)
_	, Florida
Name Damintanad Agantha Clamatona & da Walter	(City) (Zip Code)
New Registered Agent's Signature, if changing Regis	terea 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)

MGR = Manager

MGRM = Managing Member

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:

<u>Title</u>	<u>Name</u>	Address	Type of Action
MERM	YELONA LLORENTE	2165 PASA-VERDE LANE WESTON, FL. 38337	Add Remove
MGRM	SUSANA RODRIGUES	1689 NORTH HIATUS ROAD PEMBROKE PINES, FL 33026	Add Remove
	····		Add Remove
***************************************	·		Add Remove
	· · · · · · · · · · · · · · · · · · ·		Add Remove
And the second of the discount	· · · · · · · · · · · · · · · · · · ·		Add Remove
D. If amendin	ng any other information, enter change((s) here: (Attach additional sheets, if necessary.)	OB NUG -1
Andrew Control			CORPORATIONS 1 PH 1:48
Dated	7/26, 300		-
_	YEVENA LLC	r authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00