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## **COVER LETTER**

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Enclosed is a check for the following a \$25.00 Filing Fee \$30.00 F Certifi	riling Fee & State of Status	5.00 Filing Fee & Certified Copy additional copy is enclosed)	\$60.00 Filing F Certificate of Certified Cop (additional co	Status &
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For further information concerning this	matter, please call:	ate and Zip Code)	-/	07 DEC 31 PM 1: 04 SECRETARY OF STATE TALLAHASSEE, FLORIDA
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9761	(Fi	ECOLLECTIONS, mm/Company) ERRACE, FT. LAOD		
	(Na	O SCHWAR 2 me of Person)		
Please return all correspondence conce	rning this matter to the fo	llowing:		
The enclosed Articles of Amendment a	nd fee(s) are submitted fo	or filing.		
SORGECT: 77 20 3 1	(Name of Limited Liab	ility Company)		
SUBJECT: ALLURE C	OLLECTIO	NS, LLC		
Division of Corporations				

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ALLURE COLLECTIONS, 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 NovEMBER 9, 2007 \_ and assigned Florida document number \_ L 07000114201 \_.

This amendment is submitted to amend the following:

A.	If amending name,	enter the new pame of the limited liability company here:	
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The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" of the abbreviation "LLC."

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)

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 = N MGRM =	Manager = Managing Meml	ber					
<u>Title</u>	<u>Name</u>		<u>Address</u>			Type of Actio	Ū
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D. If am	ending any other i	information, enter	change(s) here: <i>(A</i> :	ttach additional sheet	s, if necessary.)		
Dated (	Fort Louis	lerdole, D	ecember 26	,2007			
		Signature of a n	nember or authorized	representative of a mer	nber		
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Page 2 of 2

Filing Fee: \$25.00