L07000127117

(Requestor's Name)				
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(City/State/Zip/Phone #)				
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PICK-UP WAIT MAIL				
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(Business Entity Name)				
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(Document Number)				
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COVER LETTER

Division of Corporations				
SUBJECT: Clothesh	orse Consignment Sho	oppe, LLC	,	
		nited Liability Company)		
		,		
The enclosed Articles of	Amendment and fee(s) are sul	omitted for filing.		
Please return all correspo	ndence concerning this matter	to the following:		
	Brian C. Layman			
		(Name of Person)	•	
	Layman, D'Atri & As	sociates, LLC	·	
		(Firm/Company)		
	4481 Munson St., N.	.W., Suite 301		
		(Address)		
	Canton, OH 44718			
		(City/State and Zip Code)	**************************************	
For firther information of	oncerning this matter, please c			
of futures knownation of	oncenning this matter, prease of	an:		
Brian C. Layman		at (330_) 493-8833		
(Name o	f Person)	(Area Code & Daytime 7	Celephone Number)	
Enclosed is a check for th				
\$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:

TO:

Registration Section

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



FLORIDA DEPARTMENT OF STATE Division of Corporations

January 15, 2008

BRIAN C. LAYMAN LAYMAN, D'ATRI & ASSOCIATES, LLC 4481 MUNSON STREET, N.W. SUITE 301 CANTON, OH 44718

SUBJECT: CLOTHESHORSE CONSIGNMENT SHOPPE, LLC

Ref. Number: L07000127117

We have received your document for CLOTHESHORSE CONSIGNMENT SHOPPE, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neysa Culligan Document Specialist

Letter Number: 708A00003175

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

08 FEB 29 AM 9: 30
SECRETARY OF STATE TALLAHASSEE FLORIDA

(Name of the Limite	d Liability Company as it now ap A Florida Limited Liability Compan	oears on our records.) y)
The Articles of Organization for this Limited	Liability Company were filed on _	12/24/2007 and assigned
Florida document number <u>L07000127117</u>		
This amendment is submitted to amend the for	llowing:	
A. If amending name, enter the new name	of the limited liability company	<u>here</u> :
The new name must be distinguishable and end w "L.L.C."	rith the words "Limited Liability Co	mpany," the designation "LLC" or the abbreviation
B. If amending the registered agent and registered agent and/or the new registered	-	on our records, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:	4 Aruba Circle, Boca Ro	oyale CC.
	(Enter Florida street address)	
	Englewood	, Florida 34223
•	(City)	(Zip Code)

New Registered Agent's Signature, if changing Registered Agent:

Clotheshorse Consignment Shoppe, LLC

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 Type of Action Title **Address** Name | Add Remove Remove Add Remove ∏Add Remove Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member of authorized representative of a member Marilyn K//Cobb
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00