## L08000007152

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

B. KOHR

AUG - 7 2009

**EXAMINER** 

## **COVER LETTER**

Division of Co	rporations				
CIDIECT.	Girls Gon	e Shopping LLC	- 10 B		
SUBJECT:	Name of Limi	ALCONOMICS OF THE PARTY OF THE			
The enclosed Articles o	f Amendment and fee(s) are sub	emitted for filing.	OS NO. S. IN. S. IS. S. S		
Please return all corresp	ondence concerning this matter	to the following:	Color		
		Karen Manning			
		Name of Person			
	Girls Gone Shopping LLC				
	Firm/Company				
	381	3812 W. Linebaugh Avenue			
		Address			
		Tampa, FL 33618			
	len	City/State and Zip Code			
	E-mail address: (1	nanning@agsres.com to be used for future annual report no	tification)		
For further information	concerning this matter, please c	all:			
K	aren Manning	at ( 813 )	431-1186		
Name	of Person	Area Code & Dayt	ime 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)		
	LING ADDRESS: tration Section	STREET/COU Registration Sec	RIER ADDRESS: tion		

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

TO:

**Registration Section** 

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

## ARTICLES OF AMENDMENT TO . ARTICLES OF ORGANIZATION

**OF** 

G	Sirls Gone Shopping LLC		025
(Name of the Limited	Liability Company as it now appea A Florida Limited Liability Company)	rs on our records.)	Dr.
4.	Triorian Emilion Emolity Company)		Ng. Ng rya
The Articles of Organization for this Limited L	iability Company were filed on	January 22, 2008	and assigned
Florida document number L0800000	7152		
This amendment is submitted to amend the foll	owing:		
A. If amending name, enter the new name o	f the limited liability company he	re:	
The new name must be distinguishable and end wi 'L:L:C."	th the words "Limited Liability Comp	any," the designation "Ll	LC" or the abbreviation
Enter new principal offices address, if applic	eahle:		
Principal office address MUST BE A STREE	<del> </del>		
Lincipal office gamess WOOL DE A STREE	ADDRESS)		
	-		
Enter new mailing address, if applicable:			
Mailing address MAY BE A POST OFFICE	POV		
Mauing address MAI BE A FOST OFFICE	<u>BUA)</u>		
	<del></del>		
B. If amending the registered agent and	or registered office address on	our records, enter th	e name of the nev
registered agent and/or the new registered o			
Name of New Registered Agent:	Karen Manning	<u> </u>	
New Registered Office Address:	3812 W. Linebaugh Avenu	ie	
	——————————————————————————————————————	nter Florida street addr	ess
	Tampa, FL 33618	, 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

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			
MGR	Colette Hill	3812 W. Linebaugh Avenue Tampa, FL 33618	Add Remove			
MGR	Karen Manning	3812 W. Linebaugh Avenue Tampa, FL_33618	✓ Add ☐ Remove			
	-		Add Remove			
			Add Remove			
<del></del>			Add Remove			
			Add Remove			
D. If amen	ding any other information, enter o	change(s) here: (Attach additional sheets, if necessary.)	_			
<del>-</del>			<del>-</del> 			
 Dated	August 4	2009				
	Signature of a m	nember or authorized representative of a member	· · · · · · · · · · · · · · · · · · ·			
		Karen Manning Typed or printed name of signee				

Page 2 of 2

Filing Fee: \$25.00