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EXAMINER



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08 AUG -7 PH 3: 37

COVER LETTER

TO:

Registration Section '

Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

Division of	of Corporations				
SUBJECT: Tan	npa Bay Bag Ladies, LI	LC	B		
		nited Liability Company)			
The enclosed Article	les of Amendment and fee(s) are su	bmitted for filing.			
Please return all con	rrespondence concerning this matte	r to the following:			
	Danielle DeBrino		·		
		(Name of Person)			
Tampa Bay Bag Ladies, LLC					
(Firm/Company)					
	23110 SR 54 Suite 211				
		(Address)			
	Lutz, FL 33549				
		(City/State and Zip Code)			
For further informa	tion concerning this matter, please o	eall:			
Danielle DeBrino		at (813) 401-6234			
1)	Name of Person)	(Area Code & Daytime	Celephone Number)		
Enclosed is a check	for the following amount:				
□ \$25.00 Filing Fe	ce 2 \$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)		
	IAILING ADDRESS:	STREET/COURIER Registration Section	ADDRESS:		

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



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Tampa Bay Bag Ladies, LLC		
(Name of the Limited Liabil) (A Florid	ity Company as it now appears on our record a Limited Liability Company)	<u>(s.</u>)
The Articles of Organization for this Limited Liability	Company were filed on February 22, 2008	and assigned
Florida document number L08000019067		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	mited liability company here:	
The new name must be distinguishable and end with the w "L.L.C."	vords "Limited Liability Company," the designa	tion "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADI	DRESS)	<u> </u>
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		
B. If amending the registered agent and/or registered agent and/or the new registered office ad		nter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	T . 27 . 1	
	(Enter Florida stre	et address)
	, Florid	da(Zip Code)
	1 = - 41	()

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 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
MGRM_	Joy Falahee		Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amend	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	
			- -
			- -
Dated	Signature of a member	r or authorized representative of a member	
	Danielle DeBrino	or printed name of signee	

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Filing Fee: \$25.00