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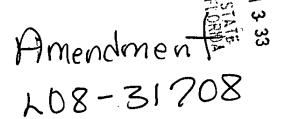
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N. CAUSSEAUX
JUL 9 2008
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: EMMELINE BABY, LLC.
(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:
Lauris Boulanger (Name of Person)
Lauris Boulanger (Firm/Company)
1986 N.E. 149th Street
North Mani, F1 33181 (City/State and Zip Code)
For further information concerning this matter, please call:
Lauris Boulanger at 305 940-0106 (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) 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

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)		
(A Florida Limited Liai	oility Company)	
The Articles of Organization for this Limited Liability Company were filed on Morch 27, 2008 and assigned		
Florida document number <u>L0800031708</u>		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liabili	y company here:	
The new name must be distinguishable and end with the words "Limited "L.L.C."	Liability Company," the designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable:	THE PERSON WAS ASSESSED.	
(Mailing address MAY BE A POST OFFICE BOX)	2	
B. If amending the registered agent and/or registered offic	e address on our records, enter the name of the new	
registered agent and of the new registered office address here.		
Name of New Registered Agent:	Boulangen	
New Registered Office Address: 146 NE 146	(Enter Florida street address)	
North	(City), Florida 33181 (Zip Code)	
	(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)

Page 1 of 2

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 J∓/Add Remove Add Remove Add Remove Remove 🗂 Add 🗖 Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary) Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00

SERGE GRANATA GOLDMAN
Typed or printed name of signee