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EXAMINER

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SECRETARY OF STATE OF ALLAHASSEE, FI ORIGA

MB OCT OIL SU

COVER LETTER

Registration Section

Division of C	orporation s		
SUBJECT:	EN \	OGUE LLC	
	Name of Lim	ited Liability Company	
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.	
Please return all corres	pondence concerning this matte	r to the following:	
	SIR	INTHIP CHANTHAMART	
		Name of Person	
		EN VOGUE LLC	
		Firm/Company	2005 SEC
	1.	AAR OC	
		Address	ASS.
	F	RIVERVIEW, FL 33579	PILED 2009 OCT 21 PM 2: 5 SECRETARY OF STATE ALLAHASSEE, FLORID
		City/State and Zip Code	1 2: COR 1 2:
•	HINI	JENG_S@YAHOO.COM	
	E-mail address:	to be used for future annual report notifica	tion)
For further information	concerning this matter, please	call:	•
SIRINTH	IP CHANTHAMART	at (813) 6	72-3632
Name of Person		Area Code & Daytime	Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COURIE Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

E1	VOGUE LLC		
(<u>Name of the Limited Liabili</u> (A Florida	ty Company as it now appea Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability	Company were filed on	10/19/2009	and assigned
Florida document numberL08000034111			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lin	nited Hability company he	re:	
The new name must be distinguishable and end with the we "L.L.C."	ords "Limited Liability Comp	any," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			T2. 2
(Principal office address MUST BE A STREET ADD	RESS)		2009 C
			E C T
		ن ش تا	NY N
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		9	200
	-		를 <u>5</u>
B. If amending the registered agent and/or registered agent and/or the new registered office add		our records, <u>enter ti</u>	ne name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	En	ter Florida street addr	ess
		, 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 = Manager

MGRM = Managing Member						
<u>Title</u>	<u>Name</u>	Address	Type of Action			
MGR	MARIA ELENA MARTINEZ	11441 MISTY ISLE LANE RIVERVIEW, FL 33579	Add Remove			
-			Add Remove			
			Add Remove			
		ALLAHA	SECOND AND ADDRESS OF THE PARTY			
		SEE, FLOR	Add Remove			
-		Dr.	Add Remove			
		e(s) here: (Attach additional sheets, if necessary.) OVE REQUEST, PLEASE HAVE THE				
		LLC "PARTNERSHIP" TO LLC "SOLE	_			
	ROPRIETOR". THANK YOU FOR					
_			- -			
Dated	OCTOBER 19 , 200	09				
	Signature of a member of authorized representative of a member Signature of a member of HANTHAMART Typed or printed name of signee					

Page 2 of 2

Filing Fee: \$25.00