

L08000044775

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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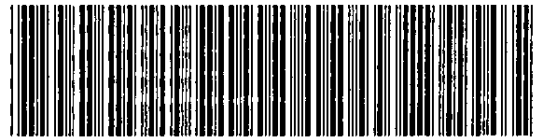
(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAR 17 AM 11:28

T. HAMPTON
MAR 18 2011
EXAMINED

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Concealed Purse Store, 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:

Angela Hays

Name of Person

Concealed Purse Store, LLC

Firm/Company

508 Crystal Lake Road

Address

Lutz, FL 33548

City/State and Zip Code

ConcealedPurseStore@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Angela Hays

Name of Person

at (813)

781-5391

Area Code & Daytime 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)

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**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

11 MAR 17 AM 11:28

A & K Business Ventures, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 05/06/2008 and assigned
Florida document number 26-2551931 LO8000644775

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Concealed Purse Store, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Angela Hays

New Registered Office Address:

508 Crystal Lake Road

Enter Florida street address

Lutz

City

, Florida

33548

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:

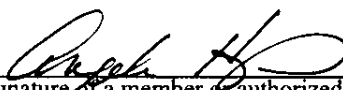
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Keith Hays	508 Crystal Lake Road Lutz, FL 33548	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Deborah Torrence	5804 Taywood Drive Tampa, FL 33624	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Karen Suris	14305 Farmington Blvd. Tampa, FL 33625	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

FILED
11 MAR 17 AM 11:28
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Dated March 9, 2011



Signature of a member or authorized representative of a member
Angela Hays

Typed or printed name of signee