108000048334

(Requestor's Name)			
(Address)			
(Address)			
. (City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
L. SELLERS			
JUN 1 8 2008			
EXAMINED			

Office Use Only



100131062231

06/17/08--01009--001 ++25.00

2008 JUN 17 PM 5: 00 SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: F&T Bath Exchange LLC (Name of Limited Liability Company) (NAME CHANGE ONLY)	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Timoth, J. Viens (Name of Person) 4261 Georgia Shure Rd. (Firm/Company)	
Georgia, Vt. 05478 (Address)	
(City/State and Zip Code)	
For further information concerning this matter, please call: Timothy J. Vicis at (802 373 - 478 (Area Code & Daytime Telephone N	2_ umber)
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy	O Filing Fee, tificate of Status & tified Copy ditional 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

2008 JUN 17 PM 5: 00

SECRETARY OF STATE JALLAHASSEE, FLORIDA

(A Florida)	Limited Liability Company)	
The Articles of Organization for this Limited Liability Condition of Organization for this Limited Liability Condition of Condition of Condition (Condition of Condition of Co	Company were filed on May 14, 200 34	B and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lim	ited liability company here:	
VIENS VANITIES LLC		
The new name must be distinguishable and end with the wo'L.L.C."	rds "Limited Liability Company," the designation "l	LLC" or the abbreviation
Enter new principal offices address, if applicable:	91 Beaverdan L	ane
Principal office address MUST BE A STREET ADDI	91 Begverdam La RESS) PAIM COAST, FL	. US 32137
(Remains thesame)	·	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	SAME	
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		the name of the new
Name of New Registered Agent:		
New Registered Office Address:		
-	(Enter Florida street ad	ldress)
	, Florida	- Adaptor to the second
· ·	(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:

	Managing Member		
<u>Title</u>	<u>Name</u>	<u>Address</u>	Type of Action
	<u>. </u>		Add
			Add Remove
			Add Remove
<u></u>			Add Remove
			Add Remove
			
			Add Remove
D Ifomon	ding any other information, enter sho	nge(s) here: (Attach additional sheets, if necessary	<u> </u>
D. II amen	ding any other information, enter chai	nge(s) nere: (Anach adamonal sneets, ij necessary	<i>)</i>
_			
_			
<u></u>	- 10+1		1 <u>1</u> 5E 200
Dated	unc 13+1, 2	008 .	
	Signature of a mem	ber or authorized representative of a member	2 - P
	TIMOTHY J. VI	ed or printed name of signee	OF SI
	Тур	Page 2 of 2	SAITE SAITE

Filing Fee: \$25.00