

# Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : MARTIN ACCOUNTING & TAX SERVICE, INC

Account Number : I20060000012

: (305)826-5886

Fax Number

Phone

: (305)722-0535

# LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

#### HADASSAH HANGBAGS, LLC

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08/27/08



### ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

FILED

08 AUG 27 AM 8: 40

SECRETARY OF STATE TALLAHASSEE FLORIDA

HADASSAH HANGBAGS, LLC  (Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on o	ur records.)	
The Articles of Organization for this Limited Liability Company	were filed on	and assigned	
Florida document number L08000056086			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	ility company here:	•	
HADASSAH HANDBAGS, LLC			
The new name must be distinguishable and end with the words "Limi"L.L.C."	ited Liability Company," th	e designation "LLC" or the abbreviation	
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)			
		<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 of registered agent and/or the new registered office address her	Tice address on our re e:	cords, enter the name of the new	
	<b></b> -	•	
Name of New Registered Agent:			
New Registered Office Address:		· · · · · · · · · · · · · · · · · · ·	
	(Enter Florida street address)		
	(City) Florida (Zip Code)		
	(City)	(Zip Code)	
New Registered Agent's Signature, if changing Registered Agent:		•	
I herally account the appointment as vegistered event and agr	ee to act in this canacit	v. I further garee to comply with	

08/27/2008 13:27 3057220535

(If Changing Registered Agent, Signature of New Registered Agent)

company has been notified in writing of this change.

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

Page 1 of 2

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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 = M MGRM = 1	anager Managing Member		
<u>Title</u>	Name	Address	Type of Action
<del></del>			Add Remove
	· · · · · · · · · · · · · · · · · · ·		Add Remove
			Add Remove
	· · · · · · · · · · · · · · · · · · ·		Add Remove
		<u> </u>	Add Remaye
D. If amen	ding 20y other information, ent	er chauge(s) here: (Anach additional sh	neets, if necessary.)
_			08 AUG 27 SECRETARY TALLAHASS
Dated <u>AUG</u>	E Dannie	2008	AM 8: 40 OF STATE FRORIDA
	VICTOR MARN	OL  Typed or printed name of signee	nember
	•	Page 2 of 2	•

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