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(Business Entity Name)

(Document Number)

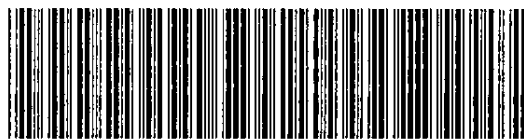
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EXAMINER



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

G. MCLEOD

FEB 28 2011

EXAMINER



500 West Jefferson Street, Suite 2800
Louisville, Kentucky 40202-2898
502.589.5235
Fax: 502.589.0309

Barbara G. Mangus, Paralegal
502.562.7537
bmangus@wyattfirm.com

February 22, 2011

VIA FEDERAL EXPRESS

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: COHEN FASHION OPTICAL STORE NO. 36, LLC

Dear Sir or Madam::

Enclosed herewith please find the one original and one copy of the Cover Letter and Articles of Correction for Florida or Foreign Limited Liability Company, along with our firm check payable to Division of Corporations in the amount of \$25.00 representing the filing fee.

A prepaid Federal Express air-bill and shipping envelope is enclosed for your convenience in returning all of the document to this office.

Please do not hesitate to contact me at the e-mail address and telephone at the top of this letter if you have any questions or require additional information.

Very truly yours,

A handwritten signature in black ink that reads "Barbara G. Mangus". The signature is written in a cursive style with a large, flowing "B" and "M".

Barbara G. Mangus
Paralegal

BGM/mtf
Enclosures
15216672.1

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: COHEN FASHION OPTICAL STORE NO. 36, 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:

Barbara G. Mangus

Name of Person

Wyatt, Tarrant & Combs, LLP

Firm/Company

500 W. Jefferson St., Suite 2800

Address

Louisville, Kentucky 40202

City/State and Zip Code

bmangus@wyattfirm.com

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

For further information concerning this matter, please call:

Barbara G. Mangus

Name of Person

at (**502**)

562-7987

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)

☐ \$80.00 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**

COHEN FASHION OPTICAL STORE NO. 36, 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 06/09/2008 and assigned
Florida document number L08000057824.

This amendment is submitted to amend the following:

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

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)

11 FEB 25 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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:

New Registered Office Address:

Enter Florida street address

City

Florida

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>
--------------	-------------	----------------	-----------------------

MGR	Spencer Coates	700 Church St., P. O. Box 90009 Bowling Green, KY 42102-9009	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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MGR	Jimmie Gipson	700 Church St., P. O. Box 90009 Bowling Green, KY 42102-9009	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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MGR	Dr. Robert Cohen	700 Church St., P. O. Box 90009 Bowling Green, KY 42102-9009	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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MGR	Houchens Industries, Inc.	700 Church St., P. O. Box 90009 Bowling Green, KY 42102-9009	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
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			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Dated February 24, 2011


Signature of a member or authorized representative of a member

Barbara G. Mangus, authorized representative

Typed or printed name of signee