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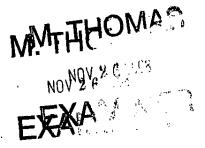
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### **COVER LETTER**

	COVER LETTER			
TO: 1	Registration Section Division of Corporations			
SUBJEC	T: Pink Chix Couture LC (Name of Limited Liability Company)			
The enclo	osed Articles of Amendment and fee(s) are submitted for filing.			
Please ret	turn all correspondence concerning this matter to the following:			
	Kristin Jaque 2 (Name of Person)			
	Pink Chix Couture (Firm/Company)			
	6314 Cypress Gds. Blvd.			
	Winter Haven, FL 33884 (City/State and Zip Code)			
For further	er information concerning this matter, please call:			
<u>Kri</u>	Stin Jaquez at (407) 595-7766 (Area Code & Daytime Telephone Number)	SECHE	08:NOV 25	
Enclosed	is a check for the following amount:		25 /	1

□\$55.00 Filing Fee &

Certified Copy

(additional copy is enclosed)

### MAILING ADDRESS:

□\$30.00 Filing Fee &

Certificate of Status

\$25.00 Filing Fee

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

## STREET/COURIER ADDRESS:

Certificate of States

Certified Copy (additional copy benclosed)

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

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Pink Chix Couture	·LLC	<del></del>
(Name of the Limited Liability Compa (A Florida Limited I	ny as it now appears on our records iability Company)	<u>.</u> )
The Articles of Organization for this Limited Liability Company	were filed on	and assigned
Florida document number <u>LO8000064894</u>	•	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab	ility company here:	
The new name must be distinguishable and end with the words "Limi"L.L.C."	ted Liability Company," the designati	on "LLC" or the abbreviation
Enter new principal offices address, if applicable:	6314 Cypress G	ardens Blvd
(Principal office address MUST BE A STREET ADDRESS)	Winter Haven	FL 33884
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
		NO NO
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here	fice address on our records, en	ter the name of the new
registered agent and/or the new registered office address her	<u>e</u> :	<b>1</b> 1 <b>1 1</b>
		LORI STAI
Name of New Registered Agent:		<u>Sug</u>
New Registered Office Address:		
	(Enter Florida stred	et address)
	(City) . Florid	a(Zip Code)
	(Cuiv)	(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)

MGR = Mar MGRM = M	dager Ianaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
M <u>ar</u>	Kristin Jaquez	6314 Cypress Gds. Blvd. Winter Haven, FL 33884 (Highpoint Centre)	Add Remove
<del></del>			Add Remove
		7.77	Add Remove
	***************************************		Add Remove
<del></del> -			Add Remove
D. If amend	ling any other information, enter chan	ge(s) here: (Attach additional sheets, if necessary	H IO: 1
  Dated			
	Kristin Ja	er of authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00