

L08000065362

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

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08/01/08--01017--002 **30.00

FILED
08 AUG - 1 PM 2:03
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Atty: Florida Department
of State.

7/31/08

Enclosed please find
an amendment request to
remove Savannah Hudson
from The Seminole County
Womens' Clothing Exchange
LLC

My day time phone number
is (407) 468-1987

Return Address:

Brenda Loe
Seminole County Womens'
Clothing Exchange
1505 South Park Ave.
Sanford, Florida 32771

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SEMINOLE COUNTY WOMAN'S CLOTHING
(Name of Limited Liability Company) Exchange LLC
dba DIVA FASHIONS

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

BRENDA CIOE
(Name of Person)
SEMINOLE COUNTY WOMAN'S
(Firm/Company) CLOTHING EXCHANGE
1505 S. PARK AVE. dba DIVA FASHIONS
(Address)
SANFORD FL 32771
(City/State and Zip Code)

For further information concerning this matter, please call:

BRENDA CIOE at 407 468-1987
(Name of Person) (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**

SEMINOLE COUNTY WOMANS CLOTHING EXCHANGE
(Name of the Limited Liability Company as it now appears on our records.) LLC
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 7/1/08 and assigned
Florida document number L08000065362

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)

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TALLAHASSEE - FLORIDA

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)

Florida

(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:

MGR = Manager
MGRM = Managing Member

Title	Name	Address	Type of Action
			☐ Add ☐ Remove
MGRM	SAMANTHA HUDSON	125 QUAIL RIDGE COURT SANFORD, FL 32771	☐ Add ☒ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove
			☐ Add ☐ Remove

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

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Dated

July 31, 2008

Brenda M. Cioe
Signature of a member or authorized representative of a member

BRENDA M. CIOE
Typed or printed name of signee