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SECHETARY OF STATE TAILLAHASSEE, FLORIDA

ECRETARY OF STATE

M. THOMAS

OCT - 8 2008

EXAMINER

COVER LETTER

	ration Section on of Corporations	
SUBJECT:	Bonnierose's Doll House LLC	,
_	(Name of Limited Liability Company)	
The enclosed A	rticles of Amendment and fee(s) are submitted for filing.	
Please return al	I correspondence concerning this matter to the following:	
	Tudy Hall (Name of Person)	
	(Name of Person)	
	Laney's Accounting (Firm/Company)	15 C
	(Firm/Company)	器马
	PO BOX QU (Address)	THE SERVICE OF THE SE
	(Address)	AM IO:
	PO Box GU (Address) Chiply F1 3 2428 (City/Spate and Zip Code)	ORIGINAL CO.
	(City/Spate and Zip Code)	
	rmation concerning this matter, please call:	
	Tudy Hall (Name of Person) at (850) Le 38 – 4961 (Area Code & Daytime Telephone Number)	
	(Name of Person) (Area Code & Daytime Telephone Number)	-
Enclosed is a ch	neck for the following amount:	
□ \$25.00 Filin	g Fee \$\$30.00 Filing Fee &	tatus &

MAILING ADDRESS:

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

has herbit to between their constraints

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

Bonnier ose's	DOIL HO	suse	LLC
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on obility Company)	our records.)	
The Articles of Organization for this Limited Liability Company w Florida document number LOSODODY	vere filed on	22/20	○○8 and assigned
This amendment is submitted to amend the following:			03 OC
A. If amending name, enter the new name of the limited liabili	ty company here:		器 7 一
Shamrock Estates	LLC		高ら
The new name must be distinguishable and end with the words "Limite" L.L.C."	d Liability Company," t	he designatio	
Enter new principal offices address, if applicable:	\cap	la	ELOAID FLOAID
(Principal office address MUST BE A STREET ADDRESS)		<u></u>	Dri - Dri
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	Po Box Panam	28 20 Cr	375 ty F1 324[1
B. If amending the registered agent and/or registered office registered agent and/or the new registered office address here:		ecords, <u>ente</u>	er the name of the new
Name of New Registered Agent:	nla	<u>-</u>	
New Registered Office Address:	(Enter F	lorida street	address)
	(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 = Ma MGRM = 1	anager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
	n/a	·	Add Remove
			Add Remove
			Add Remove
			08 OCT -1
			Add To Remarks Of Part
			Add Remove
D. If amen	$\sim \backslash G$	change(s) here: (Attach additional sheets, if necessor	ary.)
 Dated	OCT 5-	2008	
		nember or authorized representative of a member Novig R. Aleman Typed or printed name of signee	//

Page 2 of 2

Filing Fee: \$25.00