

## Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6383

F.T.Oil	π:			<u> </u>	
	Account Name	: LEGALZOOM.COM INC.			
	Account Number			FS A	
	Phone	1 (323)962-8600		95 w	:
	Fax Number	: (323)962-3889		8: 46 TATE ORIDA	:
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## **COVER LETTER**

TO: Registration : Division of Co				
SUBJECT: SARAH	I NICOLE DESIGNS LL	.c		
	(Name of Lin	nited Liability Company)	·	
•	of Amendment and fee(s) are su	<b>*</b>		
	Francyne Carrillo			
		(Name of Person)	TAS ZE	3
	Legalzoom.com, Inc	(Firm/Company)	ZIUB SEP ZU SECRETARY ALLAHASSE	
	7083 Hollywood Blv		[17]	1.4
		(Address)		<u>ک</u> ز
	Los Angeles, CA 9	0028 (City/State and Zip Code)	ORID	ع ا
For further information	concerning this matter, picase		. ⊅	<b></b> .
Francyne Carrillo		at (323 ) 962-8600		
(Name	ol' Person)	(Ares Code & Daytime 1	'elephone Number)	
Enclosed is a check for	the following amount:	,		٠
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Piling Fee & Certifled Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclose	ed)
MAII	LING ADDRESS:	STREET/COURIER	ADDRESS:	

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

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

SARAH NICOLE DESIGNS LLC

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

( <u>Name of the Limited Liabi</u> (A Florid	lity Company as it now appears on o da Limited Liability Company)	our records.)
The Articles of Organization for this Limited Liability	y Company were filed on 07/30/2	008 ZS an Essigned
Florida document number <u>L08000073235</u>		LCP SI
This amendment is submitted to amend the following	<del></del> · :	EP 24 A
A. If amending name, enter the new name of the li	imited liability company here:	15 8 8
Sarah Nicole Creative LLC	V -	
The new name must be distinguishable and end with the v	words "Limited Liability Company " d	he designation "I for the obbraviation
"L.L.C."  B. If amending the registered agent and/or regregistered agent and/or the new registered office agent and/or the new registered office agent:  Name of New Registered Agent:  New Registered Office Address:	ddress here:	ecords, enter the name of the new
	(City)	, Florida(Zip Code)
	(City)	(Zip Coas)
New Registered Agent's Signature, If changing Register I hereby accept the appointment as registered agenthe provisions of all statutes relative to the proper accept the obligations of my position as registered being filed to merely reflect a change in the registe company has been notified in writing of this change	nt and agree to act in this capacit and complete performance of my agent as provided for in Chapter ered office address, I hereby confi	duties, and I am familiar with and 608, F.S. Or, if this document is
	(If Changing Registered Agent, Sig	nature of New Registered Agent)

MGR = Manager

If amending the Managers or Managing Members on our records, outer the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGRM =	Managing Member		
Title	Name	<u>Addræs</u>	Type of Action
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			SERVE A CREATE OF
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			Add .
D. Ifamer 	nding any other information,	outer change(s) here: (Attach additional shee	ats, if necessary.)
_			
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Dated	9/24	- house	
		of a thomber of authorized representative of a me	in ber
	Sarah Guzman, Membe	Typed of brinted name of signee	

Page 2 of 2

Filing Fee: \$25.00