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TALLAHASSEE. FLORIDA

D. BRUCE AUG 2 6 2008

**EXAMINER** 

## **COVER LETTER**

TO: Registration Sec Division of Corp				
SUBJECT:	Selaja, LLC (Name of Limit	ted Liability Company)		
The enclosed Articles of A	mendment and fee(s) are subm	nitted for filing.		
Please return all correspon	dence concerning this matter t	o the following:		
	Patricia L.	Kolaros Esq. (Name of Person)		
	PLK Law G	(Firm/Company)		
	856 US Ros	OHE 206 Bldg B, (Address)	Solle 10 Tale 8	erangsa J
		N5 08844 (City/State and Zip Code)	ASSE PART	Þ
For further information co	ncerning this matter, please ca	II:	OF STATE E. FLORIDA	
Patricin L. (Name of	Kolarus Person)	at ( <u>508)</u> 43/ - 3) (Area Code & Daytime Te	Selephone Number)	_
Enclosed is a check for the	e 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 enclose	ed)

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

Je	/ ca ) ca	nun maanda \
(A Florid	la Limited Liability Company)	our recorus.)
The Articles of Organization for this Limited Liability		/08 and assigned
This amendment is submitted to amend the following:	:	
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and end with the w	words "Limited Liability Company," to	he designation "LLC" or the abbreviation
"L.L.C."  Enter new principal offices address, if applicable:		08 A SEC. TALL,
(Principal office address MUST BE A STREET ADI	DRESS)	HE 5
		% or \$
Enter new mailing address, if applicable:		S 72 LORN
(Mailing address MAY BE A POST OFFICE BOX)		D. F. C.
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac		ecords, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	(Enter F	lorida 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

<u>'itle</u>	<u>Name</u>	Address	Type of Action
			Add Remove
<del></del>	·		Add Remove
If amen	ding any other information, enter chan	ge(s) here: (Attach additional sheets, if necessa	
			OB AUG 2
	_		25 PH 12: LI
	Patricia L.  Patricia L.	er or authorized representative of a member  Kolavas Esg.	L NOA

Page 2 of 2

Filing Fee: \$25.00

D. Article III – The purpose for which this Limited Liability Company is organized is:

Company shall engage in the business of selling, distributing and manufacturing t-shirts, sweat shirts, hats, accessories and any and all other apparel and products in connection with company's business purpose. Company shall also exploit and protect its graphic designs and other intellectual property assets as related to company.

SECRETANT OF STATE