## L08000083906

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Office Use Only



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05/03/10-31042-312-335.00

FILED
10 MAY -3 PM 4: 28
SECRETARY OF STATE
SECRETARY OF STATE

J. BRYAN

MAY -4 2010

**EXAMINER** 

## **COVER LETTER**

TO:	Registration S Division of Co				
SUBJI	г <b>с</b> т.	KIS	S ME LLC		
30001			ited Liability Company		
The en	closed Articles of	Amendment and fee(s) are su	bmitted for filing.		
Please	return all corresp	ondence concerning this matter	r to the following:		
		CHRISTOPHE RAYROLLES			
			Name of Person		
KISS ME LLC Firm/Company					
			Firm/Company		是與 古
	100 N BISCAYNE BLVD - NEW WORLD TOWER SUITE 11				TO MAY
			Address		AY -3 PH HASSEF.
	MIAMI, FL 33132				_ '' _
	City/State and Zip Code				FLOGA STA
		E-mail address: (	kissmellc@live.fr to be used for future annual report no	tification)	高品。
For fur	ther information of	concerning this matter, please	•	,	
	CHRISTO	OPHE RAYROLLES	at (_786 )	985 1316	
	Name o	of Person		ime Telephone Number	r
Enclos	ed is a check for t	the following amount:			
<b>\$2</b> 5	.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclos	ed) Certified	ite of Status &
	Regist Divisi P.O. B	LING ADDRESS: ration Section on of Corporations sox 6327 assee, FL 32314	STREET/COUI Registration Sec Division of Corp Clifton Building 2661 Executive of Tallahassee, FL	orations Center Circle	

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	KISS ME L			
( <u>N</u> a	me of the Limited Liability Company as (A Florida Limited Liabili	it now appears ( ity Company)	on our records.)	
The Articles of Organization	or this Limited Liability Company were	e filed on	09/03/2008	and assigned
Florida document number	L08000083906			
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 distingu "L.L.C."	shable and end with the words "Limited L	iability Company	," the designation "L	LC" or the abbreviatio
Enter new principal offices :	address, if applicable:			
(Principal office address MU	ST BE A STREET ADDRESS)	· · · · · · · · · · · · · · · · · · ·		SE TO
				AR J
Enter new mailing address,	if applicable:		0 9 1	in se in
(Mailing address MAY BE A	POST OFFICE BOX)			25 E
	_			를
	ered agent and/or registered office new registered office address here:	address on oui	records, <u>enter tl</u>	ne name of the nev
Name of New Regis	tered Agent:			
New Registered Off	ce Address:			
		Enter	Florida street addi	*ess
			, Florida	Zip Code
	Cit	iy		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

<u>Title</u>	<u>Name</u>	Address	Type of Action		
MGR	MONKHUNTOD, CHANIDA	100 N BISCAYNE BLVD NEW WORLD TOWER # 110 MIAMI, FL 33132	Add ☑ Remove		
			Add Remove		
<del></del>			Add Remove		
<del> </del>			Add Remove		
	<del></del>		Add Remove		
			AddRemove		
D. If amen 	ding any other information, enter chang	e(s) here: (Attach additional sheets, if necessary)			
	ADDU 26th 20	30 m			
Dated	APRIL 26th , 20	010			
	Signature of a member	authorized representative of a member			
		TOPHE RAYROLLES			
Typed or printed name of signee					

Page 2 of 2

Filing Fee: \$25.00