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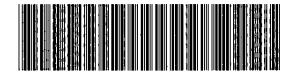
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COVER LETTER

	stration Section sion of Corporations						
SUBJECT: _	Lia Love LLC						
Name of Limited Liability Company							
The enclosed Articles of Amendment and fee(s) are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
	Laurie Schwark						
	Name of Person						
	Lia Love LLC						
	Firm/Company						
	25501 Bruford Blyd						
	Address						
	Land O Lakes, F1 34639 City/State and Zip Code						
	blue_rain_ starr @ yahoo, com E-mail address: (to be used for future annual report notification)						
	E-mail address: (to be used for future annual report notification)						
For further inf	formation concerning this matter, please call:						
Lou	Name of Person at (813) 428 - 1479 Area Code & Daytime Telephone Number						
	Name of Person Area Code & Daytime Telephone Number						
Enclosed is a check for the following amount:							
\$25.00 Fili	ng Fee \$\int_{\text{\$30.00 Filing Fee & Certificate of Status}} \int_{\text{\$55.00 Filing Fee & Certificate of Status}} \int_{\text{\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}} \int_{\text{\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}} \int_{\text{\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}} \int_{\text{\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}} \int_{\text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)}}} \int_{\text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\text{\$60.00 Filing Fee, Certified Copy (additional copy is enclosed)}} \int_{\$60.00 Filing Fee, Cert						

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 Tailahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Name of the Limited Liability	Company as it now appears	on our records.)		
(Name of the Limited Liability (A Florida L	Limited Liability Company)	on our rees any		
The Articles of Organization for this Limited Liability C Florida document number	ompan, word mea on	115/08	_ and assigned	
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limi	ted liability company here	:		
Southern Charm 1	Home Service	es LLC		
The new name must be distinguishable and end with the wor "L.L.C."	ds "Limited Liability Compan	y," the designation "LLC	" or the abbrevia	ition
Enter new principal offices address, if applicable:				_
(Principal office address MUST BE A STREET ADDR			<u> </u>	
Enter new mailing address, if applicable:			2 4	
(Mailing address MAY BE A POST OFFICE BOX)			2 11: 36	
B. If amending the registered agent and/or registered agent and/or the new registered office address and the Name of New Registered Agent:		r records, enter the	name of the	new —
New Registered Office Address: Enter Florida street address				
	City	, Florida	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 = M MGRM =	lanager Managing Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
			Add
			Remove
			Add Remove
 			Add
 			Add
 			Add Remove
D. If ame	nding any other information, enter change	(s) here: (Attach additional sheets, if necessary	<i></i>
-			
-			annian de la Constantia de
Dated	July 19 , 201		
	Laurie Sch Signature of a member of	wark or authorized representative of a member	<u> </u>
	Laurie Sch Typed o	WA CTZ or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00