

Division of Corporations

Page 1 of 1

**L08000089619**

Florida Department of State  
Division of Corporations  
Public Access System

## Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H09000155756 3)))



H090001557563ABC5

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

## To:

Division of Corporations  
Fax Number : (850) 617-6383

## From:

Account Name : LEGALZOOM.COM INC.  
Account Number : 1200100000062  
Phone : (323) 962-8600  
Fax Number : (323) 962-3889

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2009 JUL 1 AM 8:43

FILED

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

## PURVEYORS OF PRON LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$25.00

C. LEWIS

JUL 2 2009

EXAMINER

RECEIVED

09 JUL -1 PM 4:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help

## FAX COVER SHEET

TO

COMPANY

FAX NUMBER 18506176383

FROM Tony Burroughs

DATE 2009-07-01 19:57:00 GMT

RE Please file with FL SOS

## COVER MESSAGE

From: BizCopier1@legalzoom.com [BizCopier1@legalzoom.com]

Sent: Wednesday, July 01, 2009 2:44 PM

To: Tony Burroughs

Subject:

This document was digitally sent to you using an HP Digital Sending device.

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: PURVEYORS OF PRON LLC**

(Name of Limited Liability Company)

The enclosed Article(s) of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tony Burroughs

(Name of Person)

Legalzoom.com, Inc.

(Firm/Company)

7083 Hollywood Blvd., Suite 180

(Address)

Los Angeles, CA 90028

(City/State and Zip Code)

For further information concerning this matter, please call:

Tony Burroughs

(Name of Person)

at ( 323 ) 962-8600

(Area Code & Daytime Telephone Number)

Enclosed is a check for the 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 enclosed)

**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

FILED

2009 JUL 1 AM 8:43

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

**PURVEYORS OF PRON LLC**

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 09/22/2008 and assigned  
Florida document number L08000089619.

This amendment is submitted to amend the following:

**A. If amending name, enter the new name of the limited liability company here:**

Cut Teeth Clothing LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

**B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:**

Name of New Registered Agent:

New Registered Office Address:

(Enter Florida 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

MGRM = Managing Member

Title	Name	Address	Type of Action
MGRM	James Woods	302 N. HUBERT AVE. #103 TAMPA FL 33609	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	Jeramie Kling	302 N. HUBERT AVE. #103 TAMPA FL 33609	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

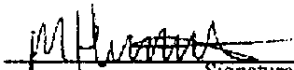
D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Article II. The street address of the principal office and the mailing address of the limited liability company shall be: 1106 W. Braddock St., Tampa, FL 33603

Article V. The address of the member Michael Hunter shall be:

1106 W. Braddock St., Tampa, FL 33603

Dated June 23<sup>rd</sup>, 2009



Signature of a member or authorized representative of a member

Michael Hunter, Member

Typed or printed name of signer

Page 2 of 2

Filing Fee: \$25.00

FILED  
2009 JUL -1 AM 8:43  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA