

L080000097343

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2010 NOV -4 AM 10:11

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J. SAULSBERRY  
EXAMINER

NOV \_ 5 2010

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Second to None Billing, 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:

Krystal Kennedy  
Name of Person

Second to None Billing, LLC  
Firm/Company

12816 Tar Flower Drive  
Address

Tampa, FL 33626  
City/State and Zip Code

pamperedprincesskrystal@yahoo.com  
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Krystal Kennedy at (813) 480-6224  
Name of Person 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

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

Second to None Billing, 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 10/15/2008 and assigned Florida document number L08000097343

This amendment is submitted to amend the following:

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

The Pampered Princess Marketing, LLC

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

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

1530 Villa Capri Circle  
Unit # 209  
Odessa, FL 33556

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

1530 Villa Capri Circle  
Unit # 209  
Odessa, FL 33556

**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:

1530 Villa Capri Circle, Unit # 209  
*Enter Florida street address*

Odessa, Florida 33556  
*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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	Krystal Kennedy	1530 Villa Capri Circle Unit #209 Odessa, FL 33556	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	Brianna DeAndrea	12336 Cloverstone Drive Tampa, FL 33624	<input checked="" 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
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

Dated \_\_\_\_\_, \_\_\_\_\_

Krystal Kennedy

Signature of a member or authorized representative of a member

Krystal Kennedy

Typed or printed name of signee