L08000 104913

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2009 JUN 16 AM 8: 11
SECRETARY OF STATE
SECRETARY OF STATE

M. THOMAS

JUN 17 2009

EXAMINER

COVER LETTER

. Registration Section

TO:

Division of Co	orporations	*	
SUBJECT:	The Good, the B	ad and the Blonde, LLC	
Sebuter.		ited Liability Company	
The enclosed Articles o	of Amendment and fee(s) are suit	bmitted for filing.	
Please return all corresp	oondence concerning this matter	r to the following:	
Annalisa Xioutas			
		Name of Person	
	The Good	, the Bad and the Blonde, LL	<u>c</u>
1870 Clayton Ct			
		Address	TALLAHASSEE, FLORI
	F	Fort Myers, FL 33907	
		City/State and Zip Code	\$5.50 or 17.13
	annalisa(@floridasfinestindustries.com	लिश इ
	E-mail address: (to be used for future annual report notifica-	tion) To o
For further information	concerning this matter, please	call:	OR ITE
		at ()	ds.
Name	of Person	Area Code & Daytime T	elephone 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		STREET/COURIER Registration Section Division of Corporati	
P.O. Box 6327 Tallahassee, FL 32314		Clifton Building 2661 Executive Center	er Circle

Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 11, 2009

ANNALISA XIOUTAS 1870 CLAYTON CT FORT MYERS, FL 33907

SUBJECT: THE GOOD, THE BAD AND THE BLONDE, LLC

Ref. Number: L08000104973

We have received your document for THE GOOD, THE BAD AND THE BLONDE, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Regulatory Specialist II

Letter Number: 609A00015906

Division of Comparations DO DOV 6297 Tellahassas Florida 29214

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Good, the	e Bad and the Blonde	e, LLC		
(Name of the Limited Liabil) (A Florid	ity Company as it now appears a Limited Liability Company)	s on our records.)		
The Articles of Organization for this Limited Liability	Company were filed on	12/09/08	and assigned	
Florida document numberL08000104973	·			
This amendment is submitted to amend the following:				
A. If amending name, <u>enter the new name of the li</u>	mited liability company here	2:		
The new name must be distinguishable and end with the w 'L.L.C."	vords "Limited Liability Compar	ny," the designation "	LLC" or the abbreviation	
Enter new principal offices address, if applicable:				
(Principal office address MUST BE A STREET AD)	DRESS)			
Enter new mailing address, if applicable:		ALLAR	CALCELE CALCELE	
(Mailing address MAY BE A POST OFFICE BOX)		7	6 F	
B. If amending the registered agent and/or reg	istered office address on o	ur records, enter	the name of the new	
registered agent and/or the new registered office ac		, <u></u>	7	
Name of New Registered Agent:	•••		····	
New Registered Office Address:	Ent	er Florida street ad	dress	
	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 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 MGRM -Jack Xioutas 1870 Clayton Ct ✓ Add Ft Myers, FL 33907 Remove Remove ☐ Add ☐ Remove Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) May 5 2009 Dated ____ Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00

Annalisa Xioutas
Typed or printed name of signee