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S. HAWKES
DEC 0 2 2008
EXAMINER

COVER LETTER

TO: Registration Division of C	s Section Corporations		
SUBJECT:	Famous Kidz (Name of Lim	ited Liability Company)	
The enclosed Articles	of Amendment and fee(s) are sub	mitted for filing.	
Please return all corre	spondence concerning this matter	to the following:	
		Mariel Uatz (Name of Person)	
	Farou	S KIJZ (Firm/Company)	
		(Firm/Company)	
	[27K-J	4.sh rd (Address)	
	+all aluassee	P 3-304 (City/State and Zip Code)	
		(City/State and Zip Code)	
For further information	n concerning this matter, please ca	all:	
		at (
(Name of Person)		at ()(Area Code & Daytime T	'elephone Number)
Enclosed is a check for	r 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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Famous K	Idz LLC	
(Name of the Limited Li	ability Company as it now apper orida Limited Liability Company)	ars on our records.) 💥 🚓 😄
(A-FI	orida Limited Liability Company)	, Company
The Articles of Organization for this Limited Liab	ility Company were filed on	and assigned
Florida document number LO 90 00 10 9		On the little
Florida document number	<u>701</u> .	
		The state of the s
		7 7
This amendment is submitted to amend the follow	ing:	
		三 1
A. If amending name, enter the new name of th	e limited liability company he	ere:
The new name must be distinguishable and end with t	he words "Limited Liability Comp	pany," the designation "LLC" or the abbreviation
"L.L.C."		
Enter new principal offices address, if applicable	le:	
• •		
(Principal office address MUST BE A STREET	<u>ADDRESS)</u>	
•		
Enter new mailing address, if applicable:		
Enter new manning address, if applicable.	 · · · · · · · · · · · · · · · · ·	
(Mailing address MAY BE A POST OFFICE BO	<u>(X)</u>	
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		<u> </u>
registered agent and/or the new registered office	o Hadroso nore.	
•		
Name of New Registered Agent:		
Name of New Registered Agent.		
Now Decistored Office Address	•	
New Registered Office Address:	//	Zukan Elavida atrest adduser
	(£	Enter Florida street address)
		TT
-	(7)	, 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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM = Managing Member

<u>Title</u>	Name	Address	Type of Action			
MGRM	Leeron cohen	1522-2 High rd tallowsize F1 32304	Add Remove			
<u></u>			Add Remove			
		* ************************************	Add Remove			
		14 54 54 54 54 54 54 54 54 54 54 54 54 54	Add Remove			
<u></u>		(4) (1) (11) (11) (11) (11)	Add Remove			
		the "				
D. If amending	g any other information, enter change(s	s) here: (Attach additional sheets, if necessary.)	Remove			
			-			
			_			
	L/L/08		_			
-	Signature of a member or	authorized representative of a member				
Signature of a member or authorized representative of a member Marcel Walz Typed or printed name of signee						

Page 2 of 2

Filing Fee: \$25.00