## L09000004252

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SECRETARY OF STATE
SALL AHASSEE, FLORID

J. BRYAN

HEB -4 2011

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Crown Jewel Clothing LLC Name of Limited Liability Company	
Name of Entitled Entothly Company	
The enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Name of Person	
Crown Jewel Clothing LLC Firm/Company	
643 Marscastle Aul Address	
Orlando, FL 32807 City/State and Zip Code	
City/State and Zip Code  Jay 90 1 4 2 9 9 2 3 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	
For further information concerning this matter, please call:	
Name of Person at (321) 10103 - 1017 2  Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee \$\ \text{Certificate of Status} \text{S55:00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{\$\text{Certified Copy (additional copy is enclosed)}} \$\text{Certified Copy (additional	

**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

Name of the Limited Liability Com	Clothing pany as it now appears or	our records.)
(Name of the Limited Liability Com (A Florida Limite	d Liability Company)	
The Articles of Organization for this Limited Liability Compa Florida document number <u>L090000425</u> 2		14 2009 and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limited li</u>	ability company here:	
The new name must be distinguishable and end with the words "Li"	hing LLC	the designation "LLC" or the abbreviatio
Enter new principal offices address, if applicable:		
( <u>Principal office address MUST BE A STREET ADDRESS)</u>		ALL SE
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)  B. If amending the registered agent and/or registered registered agent and/or the new registered office address h		RETARY OF STATE FLORIDA records, enter the name of the new
registered agent and/or the new registered office address n	<u>iere</u> :	
Name of New Registered Agent:		
New Registered Office Address:		
	Enter F	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					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
			Add Remove		
<del></del>			Add Remove		
			Add Remove		
***************************************			Add Remove		
			AddRemove		
			AddRemove		
D. If amen		ge(s) here: (Attach additional sheets, if necess	FILED  11 FEB-3 PM 1: 10  BECRETARY OF STATE ALLAHASSEE, FLORIDA		
Dated	January 27, 2	RO11.	D		
	Jaso	er or authorized representative of a member  Government of signee			

Page 2 of 2

Filing Fee: \$25.00