

**L09000005562**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

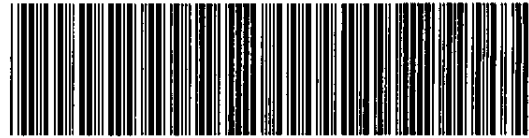
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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11/24/10--01014--005 \*\*25.00

FILED  
2010 NOV 24 AM 10:36  
TALLAHASSEE, FLORIDA

**C. LEWIS**  
NOV 29 2010  
**EXAMINER**

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CONDE COUTURE, 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:

ERNEST A. CONDE

Name of Person

CONDE COUTURE, LLC

Firm/Company

127 BAYOU CIRCLE APT 204

Address

LEESBURG, FLORIDA 34748

City/State and Zip Code

CONDELLC@GMAIL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ERNEST A. CONDE

Name of Person

at ( 352 ) 396-9045

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**

FILED  
2010 NOV 24 AM 10:36

**CONDE COUTURE, 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 01/20/2009 and assigned  
Florida document number L09000005562.

This amendment is submitted to amend the following:

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

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)**

ERNEST CONDE

127 BAYOU CIRCLE APT 204

LEESBURG, FLORIDA 34748

**Enter new mailing address, if applicable:**

**(Mailing address MAY BE A POST OFFICE BOX)**

127 BAYOU CIRCLE APT 204

LEESBURG, FLORIDA 34748

**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:

ERNEST A. CONDE

New Registered Office Address:

127 BAYOU CIRCLE APT 204

*Enter Florida street address*

LEESBURG

, Florida

34748

*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:

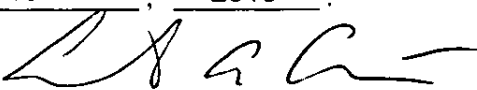
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGRM	TROD O. BUGGS	1869 EMERALD COVE BLVD APOPKA, FLORIDA 32712	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	ERNEST A. CONDE	127 BAYOU CIRCLE APT 204 LEESBURG, FLORIDA 34748	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGRM	KARINA SANCHEZ	127 BAYOU CIRCLE APT 204 LEESBURG, FLORIDA 34748	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
mGRM	CHIARA Hoffmann	215 Ponce de Leon Blvd Belleair, FL 33756	<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

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

Dated SEPTEMBER 10, 2010



Signature of a member or authorized representative of a member

ERNEST A. CONDE

Typed or printed name of signee

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