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SECRETARY OF STATE ON SECRETARY OF CORPORATIONS

T. HAMPTON

FEB 1 7 2009

EXAMINER

COVER LETTER

Division of Corp						
SUBJECT: Roxie's Yardsale and Consignment Shop 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:						
	Michelle Mulligan					
		(Name of Person)				
Roxie's Yardsale and Consignment Shop LLC						
(Firm/Company)						
2587 N Toledo Blade Blvd						
(Address)						
North Port FL 34289						
(City/State and Zip Code)						
For further information concerning this matter, please call:						
Michelle Mulligan		at (_941)_423-1000				
(Name of Person) (Area Code & Daytime Telephone Number)						
Enclosed is a check for th	e 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

Roxie's Yardsale & Consignment Shop. LLC

North Port FL 34289

Phone: 941-423-1000

2/13/09

To Whom It May Concern:

Enclosed please find the Article of Amendment of Articles of Organization of Roxie's Yardsale and Consignment Shop, LLC. We are adding a Manager, updating our phone number and adding our Employer Identification Number or FEIN.

If you have any question, please feel free to contact me.

Sincerely,

Michelle Mulligan

Roxie's Yardsale and Consignment Shop, LLC

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Roxie's Yardsale and Consignment Shop LL		
(<u>Name of the Limited Liability C</u> (A Florida Lin	Company as it now appears on our remainded Liability Company)	cords.)
The Articles of Organization for this Limited Liability Con Florida document number 600142000876 L0906	npany were filed on 01/26/2009	and assigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limite	d liability company here:	
The new name must be distinguishable and end with the words "L.L.C."	"Limited Liability Company," the des	ignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRE.	(SS)	SIAIC SIAIC
Enter new mailing address, if applicable:		FILE CONTRACT
(Mailing address MAY BE A POST OFFICE BOX)		AM II:
		ATIE ATIE
		N. Y.
B. If amending the registered agent and/or register registered agent and/or the new registered office address		s, enter the name of the new
registered agent anaror the new registered office address	<u></u>	
Name of New Registered Agent:		
New Registered Office Address:		
	(Enter Florida	street address)
		lorida
	(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 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 Title **Address** Type of Action Name | MGR Dean Hough 729 N Manasota Key Road Englewood FL 34223 **≖** ✓ Add Remove ☐ Add Remove 🗖 Add Remove Add Remove Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Company Phone Number change to: 941-423-1000 Company FEIN Number 26-4125265 Dated February 13th/

Typed or printed name of signee

Michelle Mulligan

Signature of a member or authorized representative of a member

Page 2 of 2

Filing Fee: \$25.00