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SECRETARY OF STATE
ALL AHASSEE FLOSIE

D. BRUCE
JUN 2 0 2009
EXAMINER

COVER LETTER

TO: , Registration Section

Division of	Corporations			
SUBJECT:	THE CHO	OCOLATE SHOE		
Sobsect.		ited Liability Company		
The enclosed Article	s of Amendment and fee(s) are su	bmitted for filing.		
Please return all corre	espondence concerning this matte	r to the following:		
	-	MICHELLE BYERS		
		Name of Person		
	THE CHOCOLATE SHOE			
		Firm/Company		
		1524 CR220		
		Address		
	FLE	MING ISLAND, FL32003		OS FALL
		City/State and Zip Code	.com	FIL JUN 29 , CRETARY O AHASSEE,
For further information	E-mail address: (on concerning this matter, please (to be used for future annual report no call:	otification)	P AMII:
	ICHELLE BYERS	at (_904_)	504-8404	
Nar	me of Person	Area Code & Dayt	ime Telephone Num	nber
	·			
Enclosed is a check f	for the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclose	Certif sed) Certif	Filing Fee, ficate of Status & fied Copy tional copy is enclosed)
Reș Div	AILING ADDRESS: gistration Section vision of Corporations D. Box 6327	STREET/COU Registration Sec Division of Corp Clifton Building	porations):
Tallahassee, FL 32314		2661 Executive		

Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

THE CH	HOCOLATE SHOE			
(<u>Name of the Limited Liabilit</u> (A Florida	t y Company as it now appea Limited Liability Company)	rs on our records.)		
The Articles of Organization for this Limited Liability (Company were filed on	2/23/2009	and assigned	
Florida document numberL0900020247	·			
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the lin	nited liability company he	<u>re</u> :		
The new name must be distinguishable and end with the wo	ords "Limited Liability Comp	any," the designation "L	LC" or the abbreviation	
Enter new principal offices address, if applicable:		ואנן	09	
(Principal office address MUST BE A STREET ADD	RESS)	AHA		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		SSEE. FLORIDA	ILED 29 AMILI:51	
B. If amending the registered agent and/or regis registered agent and/or the new registered office add		our records, <u>enter t</u>	he name of the nev	
Name of New Registered Agent:				
New Registered Office Address:	Fr	ter Florida street add	ress	
	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, <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 Kenny Ot	Address	Type of Action
MGRM	DANA KELLY	2407 DANIELS LANDING FLEMING ISLAND, FL 32003	Add Remove
MGRM	JARELENA L. GIBSON	1463 COURSE VIEW DRIVE ORANGE PARK, FL 32003	✓ Add ☐ Remove
			Add Remove
	-		Add Remove
			Add Remove
			Add Remove
D. If an	ENNING	ge(s) here: (Attach additional sheets, if necessa HER INTERESTEST IN THIS COMPAN SUM OF \$6,800 U.S. DOLLARS. FILIATED WITH THIS COMPANY.	
Dated	JUNE 22 , 2	009	51 5.
	Signature of a member	er or authorized representative of a member	<u> </u>
	MICHELLE BYERS	DANA K	enny

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00