## 109000033153

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FALLAHASSEE, FLORIO

D. BRUCE

AUG 0 2 2011

**EXAMINER** 

## **COVER LETTER**

10:	Division of Corpor							
SUBJE	·CT·	SOAPS	BY SUE	. LLC				
SUDJE		Name of Limi		<del></del>				
The end	closed Articles of Am	endment and fee(s) are sub	omitted for fil	ing.				
Please 1	return all corresponde	ence concerning this matter	to the follow	ing:				
			SUSAN			-		
			Name o	f Person				
	SOAPCETERA, LLC			_				
			Firm/Co	ompany				
	9610 PATRICIAN DRIVE			_				
			Add	ress		SE:	=	
	-	NEW I		HEY, FL 34655		XKET AHA	AUG	7
			City/State ar	•		ARY		170000000
	-	E-mail address: (1	to be used for f	hotmail.com uture annual report notif	fication)	e.F.	2	
For furt	her information conc	erning this matter, please o	all:			TATE	14 资 [13]	O
	Sus Name of Pe	an Silva	at (	727 ) Area Code & Daytim	375-3180 ne Telephone Numbe	r		
Enclose	ed is a check for the fo	ollowing amount						
	00 Filing Fee	330.00 Filing Fee & Certificate of Status	Certif	Filing Fee & ied Copy ional copy is enclosed	d) Certified	ite of Statu		osed)
	Registratio Division o P.O. Box 6	f Corporations .		STREET/COURI Registration Section Division of Corpor Clifton Building 2661 Executive Court Tallahassee, FL 32	on rations enter Circle			

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Soaps by St	ue, LLC		
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appear	s on our records.)	
(A Florida Diffitted Dia	onity Company)		
The Articles of Organization for this Limited Liability Company w	ere filed on	3/10/2009	and assigned
Florida document numberL09000023153			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liabili	ty company her	<u>e</u> :	
Soapcetera,	LLC		
The new name must be distinguishable and end with the words "Limited "L.L.C."	l Liability Compa	ny," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET ADDRESS)		<u> </u>	
			r
		HA	m 5 71
Enter new mailing address, if applicable:		SSE	
(Mailing address MAY BE A POST OFFICE BOX)		ر لار ت ال	R R M
		L OR	
•			7
B. If amending the registered agent and/or registered offic registered agent and/or the new registered office address here:	e address on o	ur records, <u>enter t</u>	he name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	Enter 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 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 = Ma MGRM = N	nager Aanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add
	•		Kemove
			□ Domovo
			Add Remove
<del></del>			Add Remove
<del></del>			Pamova
			Remove
D. If amend	ling any other information, enter ch	ange(s) here: (Attach additional sheets,	if necessary.)
			THAUG:
Dated	July 19 ,,	2011	SEE. P
	Signature of a men	the substitution of a member or authorized representative of a memb	STATE OR DA
		Susan Silva	A 7
	Ty	ped or printed name of signee	<del></del>

Page 2 of 2

Filing Fee: \$25.00