LD9000024292

(Requ	uestor's Name)			
(Addı	.eee)			
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
· 				
Special Instructions to Filing Officer:				
L. SELLERS				
JAN 1 8 2012				
EXAMINER				

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12 JAN 17 PH 2: 19
SECRETARY OF STATE

January 10,2012

889 S. Lake Jessup Ave. Ovicelo, FL 32765

We would like to change our name from Cupralus & Keepsakes LLC to Ragtag Rubies LLC.

Thank You, Caryn Dahm 407-421-3198

COVER LETTER

10:	Division of Cor				
SUBJECT: CUPCAKES & KEEPSAKES LLC Name of Limited Liability Company					
The enc	losed Articles of	Amendment and fee(s) are su	ubmitted for filing.		
Please r	eturn all correspo	ondence concerning this matte	er to the following:		
			aryn Dahm Name of Person		
			Firm/Company	_	
		889	S. Lake Jessup Avenue	<u></u>	
			edo, FL 32745 City/State and Zip Code		
		E-mail address	n @ Caryndahm.com to be used for future annual report notification)	_	
For furtl	ner information of	concerning this matter, please	call:		
	Cary	1 Dahm of Person	at (407 421 - 3198 Area Code & Daytime Telephone Num	nber	
Enclose	d is a check for t	he following amount:			
\$25. 0	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed) Certification Certificatio	Filing Fee, ficate of Status & fied Copy tional copy is enclosed)	
	Registi Divisio P.O. B	ING ADDRESS: ration Section on of Corporations ox 6327 assee, FL 32314	STREET/COURIER ADDRESS Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	FILED 12 JAN 17 PM 2: SECRETARY OF STATALLAHASSEE, FLOI	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

(Name of the Limited Liability Comp	any as it now appears on our records.) Liability Company)
The Articles of Organization for this Limited Liability Compar	y were filed on Narch 1, 2009 and assigned
Florida document number <u>L 09000024292</u>	·
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited lia	hility company horos
The new name must be distinguishable and end with the words "Lir"L.L.C."	nited Liability Company," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:	889 S. Lake Jessup Avenu
(Principal office address MUST BE A STREET ADDRESS)	989 S. Lake Jessup Avenu Oviedo, FL 32745
Enter new mailing address, if applicable:	
(Mailing address MAY BE A POST OFFICE BOX)	
	office address on our records, enter the name of the new
registered agent and/or the new registered office address he	ere:
Name of New Registered Agent:	ryn Donm
New Registered Office Address:	S9S. Lake Jessup Avenue Enter Florida street address
	Ovledo, Florida 32745 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.

f 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 **Type of Action** Title Name **Address** Jennifer Gregory Remove ☐ Add _ Remove Remove $\prod Add$ Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) January Signature of a member or authorized representative of a member Types or printed name of signee

Page 2 of 2

Filing Fee: \$25.00