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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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D. BRUCE

AUG 17 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CLOTHES CONCEPTS NAPLES 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:

GLENN SHOFFLER

Name of Person

Firm/Company

1613 ORCHID BLVD # 303

Address

CAPE CORAL, FL 33904

City/State and Zip Code

GLENN@SHOFFLER.COM

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

For further information concerning this matter, please call:

GLENN SHOFFLER

Name of Person

at (239) 340-4140

Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 4, 2009

GLENN SHOFFLER
1613 ORCHID BLVD #303
CAPE CORAL, FL 33904

SUBJECT: CLOTHES CONCEPTS NAPLES LLC
Ref. Number: L09000057556

We have received your document for CLOTHES CONCEPTS NAPLES LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 209A00026643

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09 AUG 14 AM 10:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

CLOTHES CONCEPTS NAPLES 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 JUNE 15, 2009 and assigned
Florida document number LO9000057556.

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)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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TALLAHASSEE, FLORIDA

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:

URTURN, INC.

New Registered Office Address:

6081 SILVER KING BLVD # 201

Enter Florida street address

CAPE CORAL

City

Florida

33914

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.

Wm Shoffler
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

Title	Name	Address	Type of Action
	GLENN SHOFFLER	1613 ORCHID BLVD # 303 CAPE CORAL, FL 33904	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
	PAMELA SHOFFLER	1613 ORCHID BLVD # 303 CAPE CORAL, FL 33904	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
	DONALD HELD	6081 SILVER KING BLVD # 201 CAPE CORAL, FL 33914	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
	JANET HELD	6081 SILVER KING BLVD # 201 CAPE CORAL, FL 33914	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
MGRM	URTURN, INC	6081 SILVER KING BLVD # 201 CAPE CORAL, FL 33914	<input checked="" 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.)

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09 AUG 14 AM 10:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dated Aug 10, 09


Signature of a member or authorized representative of a member
GLENN SHOFFLER
Typed or printed name of signee