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SECRETARY OF STATE
TALLAHASSEE, FINDER

D. BRUCE

SEP 29 2009

EXAMINER

COVER LETTER

Registration Section Division of Corporations

SUBJECT:	Business Wo	men of Gulfport, LL0	3			
-,	Name of Lim	ited Liability Company		-		
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.				
Please return all corresp	pondence concerning this matte	r to the following:				
	-	Joanne Banno		_		
		Name of Person				
		Firm/Company		_		
		2618 Tifton St S				
		Address				
	· · · · · · · · · · · · · · · · · · ·	Gulfport, Fl 33711				
	:L.	City/State and Zip Code		7		
		anno1103@gmail.com to be used for future annual report	notification)	- <u>[</u>	09 S	
For further information	concerning this matter, please	call:		TAR AHASS	SEP 28	
J	oanne Banno	at (480)	433-8378	ω, O Ϋ́		\Box
Name	of Person	Area Code & D	aytime Telephone Numl	OF STATE	H 2: L9	Ö
Enclosed is a check for	the following amount:			DA TE	۵	
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enc	elosed) Certifi		sed)	

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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Vomen of Gulfport,	LLC		
ty Company as it now appear Limited Liability Company)	a <u>rs on our records,</u>)		
Company were filed on	June 30,2009	and assigned	
nited liability company he	ere:		
ords "Limited Liability Comp	pany," the designation "LI	C" or the abbreviation	
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Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		RPA L	
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stered office address on dress here:	our records, enter th	e name of the new	
Enter Florida street address			
, Florida			
City		Zip Code	
	Limited Liability Company) Company were filed on nited liability company he ords "Limited Liability Comp RESS) stered office address on dress here:	nited liability company here: ords "Limited Liability Company," the designation "LI RESS) stered office address on our records, enter the dress here: Enter Florida street address, Florida	

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 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** Sue Wettling MGR 80 S Hoffer Dr ☐ Add Indiana, PA 15707 Remove ☐ Add Remove ☐ Add Remove ☐ Add Remove ∐Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) September 23 2009 Dated_ Signature of a member or authorized representative of a member LOANNE PDANN()

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00