

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : CORPORATION SERVICE COMPANY

Account Number : 120000000195 Phone : (850)521~1000 Fax Number : (850)558-1575 SECRETARY OF STATE OF

## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

## KARA'S KREATIVE KARE, LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$25.00

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Corporate Filing MeMCLEOD Help

JUL 16 2009

**EXAMINER** 

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

KARA'S KREATIVE KARE,	LLC		
(Name of the Limited Liab) (A Florid	llity Company as it now appears on our records.) da Limited Liability Company)		
The Articles of Organization for this Limited Liability	y Company were filed on JULY 10, 2009	and assigned	
Florida document number <u>L.0900066760</u>	<u>-</u>		
This amendment is submitted to amend the following	,;		
A. If amending name, <u>enter the new name of the l</u>	imited liability company here:		
KREATIVE KARE BY KARA, LLC			
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Company," the designation "	LLC" or the abbreviation	
Enter new principal offices address, if applicable:		0	
(Principal office address MUST BE A STREET AD	DRESS)	SECRE IVISION	
		5	
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)		11.00	
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		ယ် ္လံ	
B. If amending the registered agent and/or represented agent and/or the new registered office a	gistered office address on our records, enter	the name of the new	
registered agent and/or the new registered office a	daress here.		
Name of New Registered Agent:			
New Registered Office Address:			
	(Enter Florida street ac	ldress)	
	, 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 Changing Registered Agent, Signature of New Registered Agent)

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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 = Ma MGRM = N	Managing Mem	iber		•
<u>Title</u>	<u>Name</u>		Address	Type of Action
				Add
				Remove
		***************************************		
<del></del>				Add Remove
				f <b>™</b> Add
	<del></del>			Remove
-n	· · · · · · · · · · · · · · · · · · ·			Add
<u></u>				Add Remove
D. If amen	ding any other	information, enter change	c(s) here: (Attach additional sheets, if ne	cessary.)
Dated <u>JU</u>	LY 13TH	. 2009	· · · · · · · · · · · · · · · · · · ·	
		/S/ K Signature of a member	ARA MIHELICH, MGRM ror authorized representative of a member	
		KARA MIHELICH	or printed name of signee	

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Filing Fee: \$25.00