

L0900007771

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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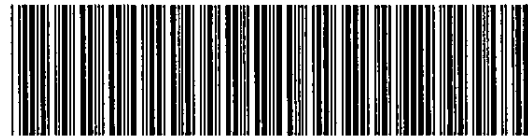
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 28 2013

T. HAMPTON

CR2E049 (5/08)

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: J.A.V Italian Imports, 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:

Loretta Violanti

Name of Person

Laura Jacobs Bridal, LLC

Firm/Company

9903 Gulf Coast Main Street #142

Address

Ft Myers, FL 33913

City/State and Zip Code

Rome214@msn.com

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

For further information concerning this matter, please call:

Loretta J. Violanti

at (239) 437-1695

Name of Person

Area Code & Daytime Telephone Number

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:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS: Registration Section
Registration Section

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

J.A.V Italian Imports, LLC

(Name of the Limited Liability Company as it now appears on our records,
(A Florida Limited Liability Company))

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The Articles of Organization for this Limited Liability Company were _____ filed on _____ and assigned _____

Florida document number L09000077771

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Laura Jacobs Bridal, LLC

_____ Th
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) 9903 Gulf Coast Main Street, Suite #142
Ft Myers, florida 33913

9903 Gulf Coast Main street, suite #142

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX) Ft Myers, FL 33913

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: _____

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 Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

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

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			Add
			Remove
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated August 22, 2013

Loretta J. Violanti

Loretta J. Violanti

Signature of a member or authorized representative of a member

Loretta J. Violanti

Typed or printed name of signee

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Filing Fee: \$25.00

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