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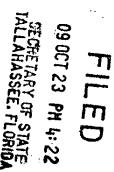
(Re	questor's Name)	
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D. BRUCE

OCT 2 6 2009

EXAMINER

COVER LETTER

TO:	Registration S Division of Co				
SUBJE	CT:	Gina's 99	Cents Store LLC		
	***************************************	Name of Lim	ited Liability Company		
The end	closed Articles of	f Amendment and fee(s) are su	bmitted for filing.		
Please r	eturn all corresp	ondence concerning this matte	r to the following:		
			Alpimedes Galastica		
			Name of Person		
		Gir	na's 99 Cents Store LL0		
			Firm/Company		•
		11	Eglin Parkway Unit 1&	3	= 1
			Address		O9 OCT
		Fort W	/alton Beach, Florida 3	2548	FILED DCT 23 PH 4 RETARY OF ST AHASSEE, FLO
			City/State and Zip Code		SE SE
		panam	agenerallabor@yahoo.	com	PH 4: 22 OF STATE E. FLORID
			(to be used for future annual repor	t notification)	072 +: 2 072
For furt	her information	concerning this matter, please	call:		Dm N
	Alpin	nedes Galastica	at (_850_)	226-4410	
	 	of Person		Daytime Telephone Numbe	г
Enclose	d is a check for t	the following amount:			
	00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is end	closed) Certified	ite of Status &
	MAIL	ING ADDRESS:	STREET/CO	DURIER ADDRESS:	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	9 Cents Store LLC		
(<u>Name of the Limited Liability</u> (A Florida I	Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability C	ompany were filed on	08/18/2009	and assigned
Florida document numberL09000079336	·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limi	ited liability company her	<u>re</u> :	
The new name must be distinguishable and end with the wor "L.L.C."	ds "Limited Liability Compa	any," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:			ALLES OS
(Principal office address MUST BE A STREET ADDR	(ESS)		新 <u>克</u>
Enter new mailing address, if applicable:			ILED 23 PH 4:2 ARY OF STATE SSEE. FLORE
(Mailing address MAY BE A POST OFFICE BOX)		······································	Su v
B. If amending the registered agent and/or regist registered agent and/or the new registered office additional agent.		our records, <u>enter</u>	the name of the new
Name of New Registered Agent:			
New Registered Office Address:	En	ter Florida street a	ldress
	Citv	, Florida _	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 amending the Managers or Managing Members on our records, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGRM	Alpimedes Galastica	355 Hollywood Boulevard NE Fort Walton Beach FLORIDA 32548	
	 		Add Remove
			Add Remove
			Add Remove
 -			AddRemove
			Add Remove
	ling any other information, enter ease add my FEI number wh	change(s) here: (Attach additional sheets, if necessalich is 37-1587596	FIL 09 OCT 23 I
			FLORIDA FLORIDA
Dated	October 20		
		Alpimedes Galastica Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00