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T. CLINE
SEP - 8 2010
EXAMNER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: FAShionista Accessories 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:
•
Name of Person
DC Accounting Svcs P.A
84156 State Pd 54 Stel Ps 3
Lutz FC 33559
City/State and Zip Code dccuz adcaccounting pa. Com E-mail address: (to be used for future annual report dolification)
For further information concerning this matter, please call:
Marieliz Ceuz at (813) 345-8503 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$ Certified Copy (additional copy is enclosed) \$\ \text{Certified Copy (additional copy is enclosed)}\$\$ Certified Copy (additional copy is enclosed)
MAILING ADDRESS.

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

110

<u> </u>	HUCESSORIES LAS
(Name of the Limited L (A F	lability Company as it now appears on our records.) Iorida Limited Liability Company)
The Articles of Organization for this Limited Lial	bility Company were filed on 08 26 209 and assigned 32459
This amendment is submitted to amend the follow	ving:
A. If amending name, enter the new name of t	the limited liability company here:
	⊣ . ≃
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," the designation "LECT" or the abbreviation
Enter new principal offices address, if applical	ble:
(Principal office address MUST BE A STREET	
	70 8
	NATE S
Enter new mailing address, if applicable:	3*
(Mailing address MAY BE A POST OFFICE B	<u>OX)</u>
B. If amending the registered agent and/or registered agent and/or the new registered offi	registered office address on our records, enter the name of the new ce address here:
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	Enter Florida Street adaress
	, Florida
	LIIV ZID COAP

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 **Title** Address **Type of Action** <u>Name</u> ☐ Add Remove ☐ Add ☐ Remove ☐ Add ☐ Remove Remove വ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) is wrong the authorized representative of a member Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00