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| (Requestor's Name) |
|---|
| (Address) |
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| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| |
| (Business Entity Name) |
| (Document Number) |
| (, |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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SECRETARY OF STATE
DIVISION OF CORPORATIONS

T. HAMPTON
Jun - 8 2010

EXAMINER

COVER LETTER

Registration Section

TQ:

| Division of Co | rporations | | | | | |
|---------------------------------------|--|---|--|--|--|--|
| CUBICOT. | Wedding | gs 4 Rent, LLC | • | | | |
| , , , , , , , , , , , , , , , , , , , | Name of Limited Liability Company | | | | | |
| The enclosed Articles o | f Amendment and fee(s) are sub | omitted for filing. | | | | |
| Please return all corresp | ondence concerning this matter | to the following: | | | | |
| | | Britney Riley | | | | |
| | | Name of Person | | | | |
| | | Firm/Company | | | | |
| 12785 Aston Oaks drive | | | | | | |
| • | | Address | | | | |
| | | Ft. Myers, FL 33912 | | | | |
| | Britne | City/State and Zip Code /@charmedweddings.c | com | | | |
| • | E-mail address: (| to be used for future annual repor | (notification) | | | |
| For further information | concerning this matter, please of | call: | | | | |
| | Britney Riley | at (_239_) | 247-1905 Daytime Telephone Number | | | |
| Name | of Person | Area Code & L | agytime 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 end | Certificate of Status & Certified Copy (additional copy is enclosed) | | | |
| Regis Divis P.O. | LING ADDRESS: stration Section ion of Corporations Box 6327 hassee, FL 32314 | Registration Division of C Clifton Build | Corporations ling ive Center Circle | | | |

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

| Weddings 4 | Rent, LLC | | | | |
|---|--|--|-------------|------------|--|
| (<u>Name of the Limited Liability Compa</u> (A Florida Limited I | ny as it now appears Liability Company) | s on our records.) | | | |
| The Articles of Organization for this Limited Liability Company | and assigned | | | | |
| Florida document numberL0900082534 | | | | | |
| This amendment is submitted to amend the following: | | | | | |
| A. If amending name, enter the new name of the limited liah | oility company here | : | | | |
| Charmed Wed | dings, LLC | | | | |
| The new name must be distinguishable and end with the words "Lim"L.L.C." | ited Liability Compar | ny," the designation "LLC | " or the ab | breviation | |
| Enter new principal offices address, if applicable: | 720 Fifth Aver | nue South Suite 200 | 10 | SEVIC | |
| (Principal office address MUST BE A STREET ADDRESS) | Naples, FL 34 | 102 | <u></u> | 뎦 | |
| | | | | 95- | |
| Enter new mailing address, if applicable: | 720 Fifth Aver | nue South Suite 200 | 7 PM | CERPO | |
| (Mailing address MAY BE A POST OFFICE BOX) | Naples, FL 34102 | | <u></u> | AT AT | |
| | | | <u></u> | <u> </u> | |
| B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her Name of New Registered Agent: New Registered Office Address: | <u>e</u> : | ur records, <u>enter the</u> er Florida street address , Florida | | the new | |
| | · · · · · · · · · · · · · · · · · · · | | Zip Code | ip 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

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 | nager Managing Member | | | |
|----------------------|--|--|-------------------|---|
| <u>Title</u> | <u>Name</u> | Address | Type o | f Action |
| | | | Add Rem | |
| | | | Add Remo | ove |
| 7.00 | | | Add Remo | ove |
| D. If amen | ding any other information, enter char | nge(s) here: (Attach additional sheets, if necessary.) | 10 JUN -7 PM 1:57 | FILED SECRETARY OF STATE DIVISION OF CORPORATIONS |
| Dated | June 2 2 | Rilen MGRM | | Σÿ |
| | Signature of a memb | per or authorized representative of a member | | |
| | Турс | Britney Riley ed or printed name of signee | _ | |

Page 2 of 2

Filing Fee: \$25.00