L09000082534

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08/29/11--01012--002   **25.00

FILED
11 AUG 29 PM 2:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN
AUG 3 0 2011
EXAMINER

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: Charmed Weddings, 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:

Kehrin Hassan / Britney Riley
Name of Person

Charmed Weddings, LLC
Firm/Company

9990 Coconut RD Suite 300
Address

Bonita Springs FL. 34135
City/State and Zip Code

Sales@charmedweddings.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kehrin Hassan _____ at (239) 313-1426
Name of Person _____ *Area Code & Daytime Telephone Number*

Enclosed is a check for the following amount:

☑ $25.00 Filing Fee ☐ $30.00 Filing Fee & ☐ $55.00 Filing Fee & ☐ $60.00 Filing Fee,
Certificate of Status Certified Copy Certificate of Status &
(additional copy is enclosed) Certified Copy
(additional copy is enclosed)

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

FILED
11 AUG 29 PM 2:45
SECRETARY OF STATE
TALLAHASSEE. FLORIDA

ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF

Charmed Weddings, LLC

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

The Articles of Organization for this Limited Liability Company were filed on _8/26/2009_ and assigned
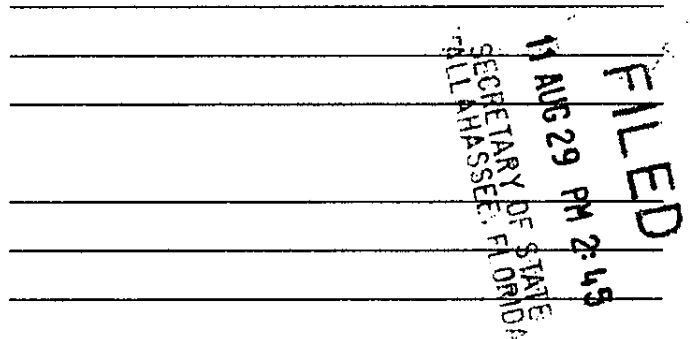Florida document number _L09000082534_

This amendment is submitted to amend the following:

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

_____

The 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 _____ _____

_____

_____

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX) _____

_____

_____

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**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 2

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

Title	**Name**	**Address**	**Type of Action**
MGRM	Kenrin Hassan	1708-3 Park meadows Dr Fort myers FL. 33907	☑ Add ☐ Remove
___	___	___	☐ Add ☐ Remove
___	___	___	☐ Add ☐ Remove
___	___	___	☐ Add ☐ Remove
___	___	___	☐ Add ☐ Remove
___	___	___	☐ Add ☐ Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

_____

_____

_____

_____

_____

Dated __8/16/11_____ , _____ .

Britney Riley
Signature of a member or authorized representative of a member

Britney Riley
Typed or printed name of signee

Page 2 of 2

Filing Fee: $25.00