(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only

G. MCLEOD NOV 2 0 2009 **EXAMINER** 



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## **COVER LETTER**

	Registration Sec Division of Corp						
SUBJEC	En En	TRE C	41005	IN78	RNATI	ONAL	LCC
-				Liability Company			
The enci	osed Articles of A	mendment and fee	(s) are submit	ted for filing.			
Please re	iturn all correspon	dence concerning		_			
			SALO	ME B	ewo Li	EL LLC. WIT 72 139	
		C = I		Name of Person			
		EW 4128	. C #	ICOS	LNTL.	<u>LLC</u> .	
			<i>_</i>	Firm/Company	A		
		2301	Col	liws	AUE	UNIT 7	28
			•	Address			
		MIAM	r 3E	ACH, FI	<u>(</u> 33	139	
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		SALL E-mai	YBENO laddress: (to be	used for future annu	HOIMAIL al report notificati	COH	
For furth	er information co	ncerning this matte			·		
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346	Nume of	Person	20	at (Area Co	ode & Daytime Te	7433	_
Enclosed	is a check for the	following amount	:				
\$25.0	0 Filing Fee	\$30.00 Filing F Certificate of	'ec & [   Status	\$55.00 Filing Fee Certified Copy (additional copy		S60.00 Filing 1 Certificate of Certified Col (additional col	f Status &

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

ENTRE CHICOS INTERNATIONAL (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) 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 MUST BE A STREET ADDRESS Enter new mailing address; if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: Epter Florida street address City New Registered Agent's Signature, if changing Registered Agent:

If Changing Registered Agent, Signature of New 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.

MGR = Ma MGRM = M	nager Ianaging Member			
<u> </u>	<u>Name</u>		Address	Type of Action
116R	SALOME	Benoliel	2301 Collins Ave Suite # 728 MIANIE BENCH, FL, 331	Add Remove
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). If ameno	ling any other informa	tion, enter change(s	) here: (Attach additional sheets, if necesso	ury.)
	11/13/09			
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