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PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
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FEB -2 2010

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COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Profess Highard Ladies promotions 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:				
Perelge Placide Name of Person				
Profreshings Ladies promotions U.C. Firm/Company 5041 park Central drive Apt 1914				
5041 park Central drive Apt 1914				
Orlando, FC 32839				
City/State and Zip Code Profichionaliadies O Vahoo. Com E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Area Code & Daytime Telephone Number				
Enclosed is a check for the following amount:				
\$25.00 Filing Fee Certificate of Status Certificate of Status Certificate of Status Certified Copy (additional copy is enclosed) (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

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

ed 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 North 25th Florida document number <u>L0900</u>\\3777. This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: FRESHIONAL LADIES LLC 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:

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.

City

Enter Florida street add

Florida

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 = Ma MGRM = N	nnager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
	<u>·</u>		Add Remove
D. If amen	ding any other information, enter chang	ge(s) here: (Attach additional sheets, if necesso	ıry.)
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_		:	10 FEB - I SECRETAR TALLAHAS
Dated	San 29th 20	010	-1 PH 4: ARY OF STASSEE, FLO
	Hreshai Smi	er or authorized representative of a member d or printed name of signee	TATE ORIDA

Page 2 of 2

Filing Fee: \$25.00