

L09000119255

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

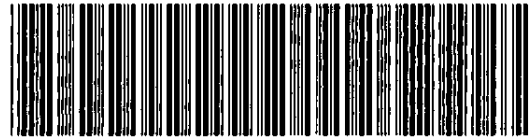
Special Instructions to Filing Officer:

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APR 11 2010

EXAMINER

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04/08/11--01042--004, **25.00

FILED
2011 APR -8 PM 1:40
FALLAHERS, ALABAMA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mima's Touch, 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:

Santalie Compere
Name of Person
Mima's Touch
Firm/Company
14720 NW 11th Ave
Address
Miami, FL 33168
City/State and Zip Code
~~MIAMI~~ mima's_touch@yahoo.com
E-mail address: (to be used for future annual report notification)

FILED
2011 APR -8 PM 1:48
TALLAHASSEE, FLORIDA
STATE SECRETARY OF REVENUE

For further information concerning this matter, please call:

Santalie Compere at 786 312-5504
Name of Person Area Code & Daytime 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 enclosed)
☐ \$60.00 Filing Fee, Certificate of Status & 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

**ARTICLES OF AMENDMENT
TO
ARTICLES OF ORGANIZATION
OF**

Mima's Touch, 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 12-10-2009 and assigned
Florida document number L0900019255

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:

Saintalie Compere

New Registered Office Address:

14720 NW 11th Ave

Enter Florida street address

Miami

Florida

33168

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.

Saintalie Compere
If Changing Registered Agent, Signature of New Registered Agent

