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EXAMINER

10 NOV -5 AH 11:51

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

TO: Registration Section Division of Corporations	t t
SUBJECT: Peverly Mills Closet LCC Name of Limited Liability Company	10 NON -5
The enclosed Articles of Amendment and fee(s) are submitted for filing.	EZ.
Please return all correspondence concerning this matter to the following:	ى چ
Robert J. Martin Name of Person	3
Firm/Company	
7282 SSt Overus E, Suite 191	
Enaberton FC 34203 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Name of Person at MU 650 - L 609 Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$25.00 Filing Fee Scrifficate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)	atus &

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

Bevenly Wills (Name of the Limited Liabil) (A Florid	ity Company as it now ap a Limited Liability Compa	Opears on our records.)	OK CORPORT
The Articles of Organization for this Limited Liability Florida document number しんしついるいっと	Company were filed on Owner	3/25/10 and assigned the deal 1/10	و الم
This amendment is submitted to amend the following:	:		
A. If amending name, enter the new name of the li	mited liability company	<u>here:</u>	
The new name must be distinguishable and end with the w "L,L.C."	vords "Limited Liability Co	ompany," the designation "LLC" or the abbre	viation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AD)	DRESS)		
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or reg registered agent and/or the new registered office ac		on our records, <u>enter the name of th</u>	e new
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

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 = Manager MGRM = Managing Member

<u>Title</u>	Name	<u>Address</u>	Type of Action
<u>HG-RM</u>	Robert J.1	Suite 191	Add Remove
			Domovo
			Add Remove
			Add Remove
			Add Remove
D. If amer	nding any other inform	ation, enter change(s) here: (Attach additional sheets	s, if necessary.)
Date of Control	ctober 2	1 .2010 . 1 1	
Dated		gnature of a member or authorized representative of a mem	nber
	Tina	Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00