L100000 28103

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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2011 DEC 16 PM 1: 18
SEGRETARY OF STATE

T. CLINE
DEC 19 2011
EXAMINER

COVER LETTER

	The SweetCh	Books Boby Boutier	10		
SUBJECT:		neeks Baby Boutiquited Liability Company	<u>ie</u>		
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.			
Please return all corres	pondence concerning this matte	r to the following:			
•		Candice Travers			
		Name of Person			
		Firm/Company			
	651 Carolyn Ave				
	1.44	Address	10		
	LITT	le Torch Key, FL 3304 City/State and Zip Code)		
	E-mail address: (to be used for future annual repo	ort notification)	Zer Zer	
For further information	concerning this matter, please of	eall:		2011 DEC 16 PM	
	andice Travers	at (305)	304-4632	16 SSE	- Parinters
Name	of Person	Area Code & l	Daytime Telephone Number	PH I: OF STAT	C
Enclosed is a check for	the following amount:	·		A PO	
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is en	closed) Certified	te of Status &	d)

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

The Sweet C	Cheeks Baby Bouti	que	
(<u>Name of the Limited Liability</u> (A Florida l	Company as it now appea Limited Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability C	Company were filed on	03/15/2010	and assigned
Florida document numberL10000028703	_·		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limit	ited liability company he	<u>re</u> :	
The new name must be distinguishable and end with the wor "L.L.C."	rds "Limited Liability Compa	any," the designation "I	LC" or the abbreviation
Enter new principal offices address, if applicable:	<u> </u>		
(Principal office address MUST BE A STREET ADDR	(ESS)		ARR 6
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			STATE OF THE STATE
B. If amending the registered agent and/or regist registered agent and/or the new registered office addr		our records, <u>enter t</u>	he name of the new
Name of New Registered Agent:		······································	
New Registered Office Address:	En	nter Florida street ada	ress
		, 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 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

	Ų Ų			
<u>Title</u>	<u>Name</u>	<u>Address</u>	Angel Property	Type of Action
MGRM	Tara A Hart	246 Pecan Ln		
	•	Guyton, GA 313	12 特別	Remove
			15.44	
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			material a	Remove
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			27 () () () () () () () () () (Remove
				
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			<u> </u>	₹ □ Add
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			372	
D. If amend	ing any other information,	enter change(s) here: (Attach addit	ional sheets, if necessary	50
			•	<u> </u>
				
			-	
			·	
Dated	December 13			
	,			
	Signature	of a member or authorized representaji	ve of a member	<u>-</u>
		Candice Travers	ve of a member	
	<u> </u>	Typed or printed name of signee		

Page 2 of 2

Filing Fee: \$25.00