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SECRETARY OF STATE OF STATE

T. HAMPTON

APR 1 5 2010

EXAMINER

## **COVER LETTER**

	tion Secti of Corpo				
SUBJECT: LARISSA JEWELERS, LLC					
		Name of Lim	ited Liability Com	pany	
The enclosed Arti	icles of Ar	mendment and fee(s) are sul	bmitted for filing.		
Please return all o	correspond	dence concerning this matter	r to the following:		
		Thomas C. Little, Esq.			
			Hame of their	5011	
	Thomas C. Little, P.A.				
			Firm/Compa	ny	
	2123 N.E. Coachman Road, Suite A				
			Address		
		(	Clearwater, FL	. 33765	
			City/State and Zip	o Code	
		E-mail address: (	net@thomascl	ittle.com annual report notifica	tion)
For further inform	nation con	ncerning this matter, please		•	,
	Thom	nas C. Little	<sub>at (</sub> 727	44	13-5773
Name of Person			rea Code & Daytime T	elephone Number	
Enclosed is a che	ck for the	following amount:			
\$25.00 Filing	Fee	\$30.00 Filing Fee & Certificate of Status	Certified C		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Registrat Division P.O. Box	IG ADDRESS: ion Section of Corporations 6327 see, FL 32314	R D C 2	TREET/COURIEN Legistration Section Division of Corporati Lifton Building 661 Executive Center Callahassee, FL 3230	ons er Circle

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LARISSA JE	WELERS, LLC			
(Name of the Limited Liability Comp (A Florida Limited	pany as it now appears   Liability Company)	on our records.)		
<b>(</b>	,,, , , , , , , , , ,			
The Articles of Organization for this Limited Liability Compar	ny were filed on	4/1/2010	and assig	ned
Florida document numberL10000035805				
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited lia	ability company here	:		
LARISA JEW	ELERS, LLC			
The new name must be distinguishable and end with the words "Lin"L.L.C."	mited Liability Compan	y," the designation "	LLC" or the abb	oreviation
Enter new principal offices address, if applicable:				۷ <u>ا</u> ر
• • •			3	<u> </u>
(Principal office address MUST BE A STREET ADDRESS)			A P	<u> 오</u> 품
				<u> </u>
			£	
Enter new mailing address, if applicable:				300
• • • • • • • • • • • • • • • • • • • •			<b>1015</b>	<del>- \$</del> 5
(Mailing address MAY BE A POST OFFICE BOX)			N	AA
				<u> </u>
				ά
B. If amending the registered agent and/or registered		ır records, <u>enter</u>	the name of	the new
registered agent and/or the new registered office address he	<u>ere</u> :			
Name of New Registered Agent:				
New Registered Office Address:	F	er Florida street add	duana	<del></del>
	Ente	er r ioriaa sireet aad	aress	
		, 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Mar MGRM = M	nager anaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
<del></del>			Add Remove
			Add Remove
	<del></del>		Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, enter cl	hange(s) here: (Attach additional sheets, if necessary.)	SECRETARY OF STATE STATE OF STATE OF GRAPORATION OF GRAPORATION OF AN IN 128
Dated	April 9	2010	NS.
	Signature of a me	ember or authorized representative of a member	
		Thomas C. Little yped or printed name of signee	<del></del>

Page 2 of 2

Filing Fee: \$25.00