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CORETARY OF STATE

ACCRETARY OF STATE

D. BRUCE

APR 2 3 2010

EXAMINER.

COVER LETTER

	Division of Corporations	
SUBJE	CT: Mademoiselle Bride, LLC	
3020	Name of Limited Liability Company	
The enc	osed Articles of Amendment and fee(s) are submitted for filing.	
Please r	eturn all correspondence concerning this matter to the following:	
	Eric J. Grabois	_
	Name of Person	
	Eric J. Grabois, PL Firm/Company	_
	11900 Biscayne Blvd. Ste. 604	_
	Address	
	North Miami, FL 33181 City/State and Zip Code	- 50 7 T
	· · · · · · · · · · · · · · · · · · ·	R 2
	medelye@gmail.com E-mail address: (to be used for future annual report notification)	APR 22 PM 3 APARY OF S APASSEE, FL
For furt	ner information concerning this matter, please call:	APR 22 PM 3: 30
	Eric J. Grabois at (305) 891-2029	T>
	Name of Person Area Code & Daytime Telephone Numb	er
Enclose	d is a check for the following amount:	
₹ 25.	Certificate of Status Certified Copy Certified (additional copy is enclosed) Certified Copy	iling Fee, cate of Status & ed Copy onal 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

Mademoiselle	e Bride, LLC		
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appear Liability Company)	rs on our records.)	
The Articles of Organization for this Limited Liability Company	were filed on	April 9, 2010	and assigned
Florida document numberL10000038677			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company her	<u>'e</u> :	
The new name must be distinguishable and end with the words "Lim" "L.L.C."	ited Liability Compa	nny," the designation '	"LLC" or the abbreviation
Enter new principal offices address, if applicable:	1818 SW 1S	T AVE.	
(Principal office address MUST BE A STREET ADDRESS)	Suite PH-4		
	MIAMI FL 33	129	
Enter new mailing address, if applicable:	1818 SW 1S	T AVE.	TO A T
(Mailing address MAY BE A POST OFFICE BOX)	Suite PH-4		15 P
	MIAMI FL 33	129	L VRY SSE
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		our records, <u>enter</u>	the mane esthern
Name of New Registered Agent:		·	
New Registered Office Address:	En	nter Florida street aa	ldress
		, 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 = Manager

<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	nding any other information, enter chang	ge(s) here: (Attach additional sheets, if necessary.)	10 APR 2 SECRETAL JALLAHAS
 Dated	April 19 , 20	<u>010</u> .	22 PH 3: 30 ARY OF STATE ASSEE, FLORIDA
		Eric J. Grabois Tor printed name of signee	

Page 2 of 2

Filing Fee: \$25.00