

(Requestor's Name)				
(Address)				
(Address)				
,				
(City/State/Zip/Phone #)				
(Ottyrotaterziph hone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only

G. MCLEOD

JAN - 5 2011

**EXAMINER** 



000189033100

01/04/11--01046--011 \*\*30.00

SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Happy Feet Topless Sandals, LCC 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:
Theresa Remiss
Sassy Head to Toe, LLC Firm/Company
1507 Lando Lane Address
City/State and Zip Code
Them is 1952 @ youhou. Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Theresa Berniss at (407) 617-2079  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  \$60.00 Filing Fee, 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

Name of the Limited I	Liability Company Florida Limited Lia	y as it now appears on ability Company)	our records.	
The Articles of Organization for this Limited Lia	ability Company v 51944	vere filed on Mau	(13,2010 ar	nd assigned
This amendment is submitted to amend the follow	wing:			
A. If amending name, enter the new name of	the limited liabil	ity company here:		
Sassy Head to To The new name must be distinguishable and end with "L.L.C."	the words "Limite	d Liability Company,"	the designation "LLC" o	r the abbreviation
Enter new principal offices address, if applical	ble:	N/A		
(Principal office address MUST BE A STREET	(ADDRESS)			···
			至四	
Enter new mailing address, if applicable:		_N/A	ORCIA AHAS	
(Mailing address MAY BE A POST OFFICE B	OX)		Signal Si	<b>-</b>
			- 구성 - 구성 - 구성 - 구성 - 구성 - 구성 - 구성 - 구성	<u> </u>
B. If amending the registered agent and/or registered agent and/or the new registered offi	registered offic ce address here:	ce address on our r	records, enter the na	me <del>r</del> ef the new
Name of New Registered Agent:	N/A			
New Registered Office Address:	N/A	Enter F	lorida 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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MSR = Manager

<u>'itle</u>	<u>Name</u>	Address	Type of Action
	N/A		Add Remove
			Add Remove
			Add Remove
. If amei	• 3 / 4	change(s) here: (Attach additional sheets, if necessary.)	_
			<del>-</del> 
Pated	December 31,	<u> ನಿಂ/೦</u> .	
		a L. Connection of a member of a uthorized representative of a member	<del></del>
	<u>Theresa</u>	Typed or printed name of signee	· · · · · · · · · · · · · · · · · · ·

Page 2 of 2

Filing Fee: \$25.00