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S. HAWKES

JUL 2 1. 2010

EXAMINER

S. HAWKES

EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 29, 2010

NATALLIE REID 465 PARKSIDE AVE MERRIT ISLAND, FL 32953

SUBJECT: ISLAND KIDS CONSIGNMENT, LLC

Ref. Number: L10000063100

We have received your document for ISLAND KIDS CONSIGNMENT, LLC and your check(s) totaling \$43.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6955.

Suzanne Hawkes Regulatory Specialist II

Letter Number: 310A00015977

	COVER LETTER
TO: Registration Section Division of Corpo	on rations
SUBJECT:	Sland Kids Consignment, LLC. Name of Limited Liability Company
The enclosed Articles of An	nendment and fee(s) are submitted for filing.
Please return all correspond	ence concerning this matter to the following:
	Natalie Reid Name of Person
	Island Kids Consignment, Lic.
	465 Parkside Ave.
	Mant Island TV 32953 City/State and Zip Code
	E-mail address: (to be used for future annual report motification)
For further information cond	cerning this matter, please call:
Name of Po	erson at (586 604 3139) Area Code & Daytime Telephone Number
Enclosed is a check for the	following amount:
\$25.00 Filing Fee	\$30.00 Filing Fee & \$55.00 Filing-Fee & \$60.00 Filing Fee, Certificate of Status & Certified Copy Certificate of Status & (additional copy is enclosed) (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

		City			Zip Code	
				_, Florida		
	Enter Florida street address					
New Registered Office Address:		"			. · · · · · · · · · · · · · · · · · · ·	·
Name of New Registered Agent:	<u> </u>	*:		# ·		<u> </u>
registered agent and/or the new registered offi	ce address here:					
B. If amending the registered agent and/or	registered offic	ce address o	on our rec	ords, <u>ente</u>	r the name of	the nev
(Mailing address MAY BE A POST OFFICE B	<u>0X)</u>					
Enter new mailing address, if applicable:				·		<u></u>
(Principal office address MUST BE A STREET	ADDRESS)					
Enter new principal offices address, if applicat	ole:					19
The new name must be distinguishable and end with "L.L.C."	the words "Limite	d Liability Co	mpany," the	designation	"LLC" or the a	breviation
to the manual manual states the new manual of the	in innes napin		1101.5	; ;	20	The state of the s
A. If amending name, enter the new name of t	he limited liabili	ity company	here:	-		A) j
This amendment is submitted to amend the follow	ving:					
Florida document number \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	.3100.			• *		
The Articles of Organization for this Limited Lial	oility Company w	ere filed on	<u> </u>	10	O and assi	gned
(A r	lorida Limited Lia	onity Compar	1 39)			
. (Name of the Limited L	iability Company	as it now ap	pears on ou	r records.)		
Island to	ds Londo	men	t, W	\mathcal{C} .		

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

MGR = Manager MGRM = Managing Member **Title** Address Type of Action Name ☐ Add Remove ☐ Add Remove ☐ Add ...Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Signature of a member or authorized representative of a member Typed or printed name of signee

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

or Managers Member being added or removed from our records:

Page 2 of 2

Filing Fee: \$25.00