L10000070823

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

Office Use Only



700183351697

700183351697 07/16/10--01016--008 **25.00

2010 JUL 16 AH II: 10

C. LEWIS

JUL 1 9 2010

EXAMINER

COVER LETTER

TO: Registration Sec Division of Corp	
SUBJECT:	LET ME LOOK LLC Name of Limited Liability Company
The enclosed Articles of A	Amendment and fee(s) are submitted for filing.
Please return all correspon	ndence concerning this matter to the following:
	Glenda G. HERRON Name of Person
	Let Me Look, LLC Firm/Company
	2528 PINEWOOD BIVD
	SEBRING, Fl 33870 City/State and Zip Code
	Letmelook LLC & G-Mail . COM E-mail address: (to be used for future annual report notification)
For further information co	oncerning this matter, please call:
<u>Glenda</u> Name of	Person at (863) 381-7078 Area Code & Daytime Telephone Number
Enclosed is a check for th	e following amount:
\$25.00 Filing Fee	\$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) 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

FILED

2010 JUL 16 AM II: 85

(Name of the Limited Liability Company as it now appears on our records) AHASSEE, FLORIDA (A Florida Limited Liability Company)					
The Articles of Organization for this Limited Liability Company were filed on July 6,26/6 and assigned. Florida document number 1900/85/1450 L 10000070823					
This amendment is submitted to amend the following:					
A. If amending name, enter the new name of the limited liability company here:					
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."					
Enter new principal offices address, if applicable:					
(Principal office address MUST BE A STREET ADDRESS)					
Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:					
Name of New Registered Agent:					
New Registered Office Address:					
Enter Florida 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:

MGR = Manager

MGRM = Managing Member						
Title	Name	Address	Type of Action			
MGRM	Glenda G HERRON	2528 PINCLUDDO BIVD SEBRING, FL 33870	Add Remove			
MGR	KENT C SAGGAU	6731 NW 44 TERR, SIO COCONUT CREEK Fl, 33073	Add Remove			
			Add Remove			
**************************************			Add Remove			
			Add Remove			
			Add Remove			
D. If amend	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.)				
	hese ARE A-CHAN	IGE OF TIME ONLY				
***************************************			THE SECRET			
Dated	July 14 , 201	<u>V6</u> .	2010 JUL 16 AMIII: 19 SEFRETARY OF STATE			
	Glenda G	r authorized representative of a member HERRON r printed name of signee	55 S			

Page 2 of 2

Filing Fee: \$25.00