

L100000083006

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

(Document Number)

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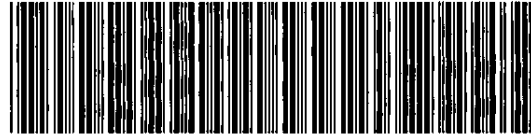
Special Instructions to Filing Officer:

**L. SELLERS**

OCT 25 2010

**EXAMINER**

Office Use Only



800186850008

10/22/10--01006--010 \*\*30.00

**FILED**  
10 OCT 22 PM 12:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Shameless Burlesque LLC  
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:

Holly Weper  
Name of Person  
Shameless Burlesque LLC  
Firm/Company  
1940 Bay Dr. Apt #9  
Address  
Miami Beach, FL 33141  
City/State and Zip Code  
shamelessburlesque@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Nicole Resnick at 786 252-8995  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$25.00 Filing Fee  
☒ \$30.00 Filing Fee & Certificate of Status  
☐ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)  
☐ \$60.00 Filing Fee, Certificate of Status & 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 Liability Company as it now appears on our records.)**  
**(A Florida Limited Liability Company)**

The Articles of Organization for this Limited Liability Company were filed on Aug 9<sup>th</sup> 2010 and assigned  
Florida document number \_\_\_\_\_.

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

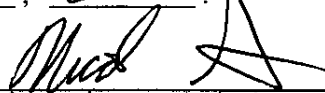
MGRM = Managing Member

| <u>Title</u> | <u>Name</u>    | <u>Address</u>                               | <u>Type of Action</u>                                                      |
|--------------|----------------|----------------------------------------------|----------------------------------------------------------------------------|
| MGRM         | Holly Veprev   | 1940 Bay Dr. Apt #9<br>Miami Beach, FL 33141 | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| MGRM         | Nicole Resnick | 443 NE 195th St Apt #144<br>Miami FL 33179   | <input checked="" type="checkbox"/> Add<br><input type="checkbox"/> Remove |
| _____        | _____          | _____                                        | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
| _____        | _____          | _____                                        | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
| _____        | _____          | _____                                        | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |
| _____        | _____          | _____                                        | <input type="checkbox"/> Add<br><input type="checkbox"/> Remove            |

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated October 18, 2010



Signature of a member or authorized representative of a member

Nicole Resnick  
Typed or printed name of signee