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11 MAY -4 PH 12: 42

SECRETARY OF STATE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: The Conservative Diva 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:
Ellen Snyder Name of Person The Conservative Diva LLC Firm/Company 6815 Starpass Court Address
Lake worth FL 33463 City/State and Zip Code The conservative diva & yahoo. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Ellen Snyder Name of Person at (561), 963-9445 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\ \text{Certificate of Status}\$\$\$ Certificate of Status \$\text{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

The Conservative D	iva, LLC			
(Name of the Limited Liability Compan (A Florida Limited Liability)	y as it now appears on our reability Company)	<u>:cords.</u>)		
The Articles of Organization for this Limited Liability Company of Florida document number <u>L1000010599</u> 0	were filed on 10 11	10	and assig	gned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liabil	lity company here:			
The new name must be distinguishable and end with the words "Limite "L.L.C."	ed Liability Company," the des	signation "LLC"	or the ab	 breviation
Enter new principal offices address, if applicable:	Walter Control of the			
(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 registered agent and/or the new registered office address here:	ce address on our record	ls, <u>enter the n</u>	ame of	the new
Name of New Registered Agent:		SECRE		- 1
New Registered Office Address:	Futou Elouida	A A	+ -	
	Enter Florida , F City	Sireel adgress Compa	P I	71 3 —
New Registered Agent's Signature, if changing Registered Agent:	•	RIDA	42	

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 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:

MGRM = Managing Member <u>Title</u> <u>Name</u> **Address Type of Action** MGRM Kathleen Robbins Remove ☐ Add Remove ☐ Add Remove Remove ∏Add Remove ∏Add 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

Ellen Shyder

MGR = Manager

Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00