Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LEGALZOOM.COM INC.

Account Number: I20010000062 : (323)962-8600 Phone Fax Number : (323)962-3889

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN BABY & BRIDAL BLISS, LLC

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COVER LETTER

TO: Registration Division of C			
SUBJECT: BABY	& BRIDAL BLISS, LLC		
	(Name of Lin	nited Liability Company)	
The enclosed Articles (of Amendment and fec(s) are su	bmitted for filing.	
Please return all corres	pondence concerning this matte	r to the following:	•
	Dragana Ognenovsk	Ka	AREA T
	<u> </u>	(Name of Person)	題。一
	Legalzoom.com, Inc	;. (Firm/Company)	FILED IN FEB 15 M 7:57 SECRETARY OF STATE SALLAHASSEE, FLORID
	100 W. Broadway S	uite 100	ORITE OR
		(Address)	
	Glendale, CA 91210		,,,,,
		(City/State and Zip Code)	
For further information	concerning this matter, please	call:	
Dragana Ogneno		at (323) 962-8600	
(Nam	e 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)
MAI	LING ADDRESS:	STREET/COURIER	R ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327

Tallahassoe, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF



BABY & BRIDAL BLISS, LLC

(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 01/12/201	1 and assigned
Florida document number <u>L.11000004888</u>	·	
This amendment is submitted to amend the following:	•	,
A. If amending name, enter the new name of the li	mited liability company here:	
The new name must be distinguishable and end with the willIC." B. If amending the registered agent and/or regregistered agent and/or the new registered office as	istered office address on our reco	•
Name of New Registered Agent:		
New Registered Office Address:	Esta- Flow	(da street address)
· .	(Ditter Pitori	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:

	Manager ≕ Managing Member		
<u>Title</u>	Name	Address	Type of Action
			Add Remove
			Add Remove
			Add
			Add Remove
	· · · · · · · · · · · · · · · · · · ·		Add
D. Ifam	cending any other information, enter change Article II: The mailing address of the		cessary.)
	PO Box 527, Clarcona, FL 32710		SECTIAL LA
			ASSEE. PARTIES OF THE
Dated	February 14 , 20	11	D 7: 57
	Vicra of negle	or authorized representative of a member	17 17
	Vickki Nedd	•	
	Typed	or printed name of signee	

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Filing Fee: \$25.00