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SECRETARY OF STATE ALLAHASSEE. FLORIDA

D. BRUCE
NOV 07 2011
EXAMINER

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	MEN'S HAB	ERDASHERY, LLC		
SUBJECT:		ited Liability Company		
The enclosed Articles	of Amendment and fee(s) are su	bmitted for filing.		
Please return all corres	spondence concerning this matte	r to the following:		
		Pamela Roberts		
		Name of Person		
	 	Firm/Company		Am =
	<u> </u>	751 N.E. 69th Street		NOV -
	Ε	Boca Raton, FL 33487		11 NOV-4 PM 12: 21 SECRETARY OF STATE ALLAHASSEE. FLORIDA
	nam	City/State and Zip Code @brilliantcomputers.com		STAT
For further information	E-mail address: (a concerning this matter, please	to be used for future annual report not	fication)	DH F
	amela Roberts	at (561)	302-7982	
Name	e of Person		ne 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 enclose	d) Certified	e of Status &
Regi: Divis P.O.	LING ADDRESS: stration Section sion of Corporations Box 6327 hassee, FL 32314	STREET/COUR Registration Secti Division of Corpo Clifton Building 2661 Executive C Tallahassee, FL 3	on orations center Circle	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

MEN'S HAE	BERDASHERY, I	<u>_LC</u>
(Name of the Limited Liability (A Florida L	Company as it now appoint inited Liability Company	ears on our records.)
The Articles of Organization for this Limited Liability Co	ompany were filed on _	January 14, 2011 and assigned
This amendment is submitted to amend the following:		
A. If amending name, <u>enter the new name of the limit</u>	ed liability company h	ere:
GLITZ & GLAN	MOUR JEWELRY, I	LC
The new name must be distinguishable and end with the word 'L.L.C."	ls "Limited Liability Com	pany," the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRI	ESS)	<u> </u>
	· 	AS S T
		ASA 1
Enter new mailing address, if applicable:		
Mailing address MAY BE A POST OFFICE BOX)		
		DE .
B. If amending the registered agent and/or registered agent and/or the new registered office addre		our records, enter the name of the new
Name of New Registered Agent:		- 18 - 18 - 18 - 18 - 18 - 18 - 18 - 18
New Registered Office Address:		
	1	Inter 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

MGR = Manager

If amonding 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:

<u>litle</u>	Name	Address	Type of Action
			Add Remove
	·		Add Remove
			Add Remove
			Add Remove
			Add Remove
			Adå Remove
If amend		e(s) here: (Attach additional sheets, if necessary.)	- Au
			11 NOV - L PH
			E FLOWING
ed	Signature of a member	or authorized representative of a member	TO A

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Filing Fee: \$25.00