L11000010318

(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:			
1			

Office Use Only



600213494226

11/01/11--01020--001 2011 NOV 18 20 10 00 11/01/11--01020--001 SECRETARY OF STATE

T. CLINE
NOV 2 1 2011
EXAMINER



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 2, 2011

AMY CARLINO 140 GREENWOOD DR. WEST PALM BEACH, FL 33405

SUBJECT: AMY LOU, LLC Ref. Number: L11000010318

We have received your document for AMY LOU, LLC and check(s) totaling \$25.00. However, the document has not been filed and is being retained in this office for the following reason(s):

The second page to the amendment was missing from your document.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please eall (850) 245-6020.

Tammi Cline Regulatory Specialist II

Letter Number: 011A00024908

www.sunbiz.org

To Department of State:

Attached is the Articles of Amendment to Articles of Organization form for Amy Lou, LLC. I am sending this in to change the company address and registered agent.

Thanks, Amy Carlino

140 Greenwood Dr. West Palm Beach, FL 33405 561-818-6199

SECRETARY OF STATE

Server and Server and

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION **OF**

Amy Lou	1 Ua 300 B			
(Name of the Limiteli Liability C (A Florida Lia	Company as It now appears on our records.) mited Liability Company)			
The Articles of Organization for this Limited Liability Con	mpany were filed on 4/25/2011 Estand assigned			
Florida document number <u>U10000 (0348</u>				
This amendment is submitted to amend the following:	STATE ORNING			
A. If amending name, enter the new name of the limite	ed liability company here:			
The new name must be distinguishable and end with the words "L.L.C."	s "Limited Liability Company," the designation "LLC" or the abbreviation			
Enter new principal offices address, if applicable:	140 Greenwood Dr.			
(Principal office address MUST BE A STREET ADDRE	sso west Palm Brach, F2 33400			
Enter new mailing address, if applicable: (<u>Mailing address MAY BE A POST OFFICE BOX)</u>	140 Greenwood Dr. wist Palm Beach, FL 33405			
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:	INCOMP Services Inc			
New Registered Office Address:	Enter Florida street address			
	City Florida 33470 Zip Code			
New Registered Agent's Signature, if changing Registered	, , , , , , , , , , , , , , , , , , ,			
I herehy accept the appointment as registered agent an	nd 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:

MGR = Manager MGRM = Managing Member			
<u>Title</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Remove SECRE INOVE
			Resove
D. If amen	ding any other information, enter cha	ange(s) here: (Attach additional sheets, if necessar	Remove
		mge(s) nere: (Amaer dadinoral sneets, y neeessan	
_			
_			.
Dated	A war	ber or authorized representative of a member	
	Amad	ped or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00