LICOOOKSLAS

(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:

L. SELLERS

FEB - 8 2011

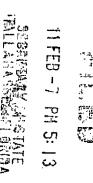
EXAMINER

Office Use Only



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COVER LETTER

subject: <u>Fash</u>	ion Jewerly.	for Womer	1 LLC
	Name of Limited Liability Co	ompany	
•			
The enclosed Articles of Amend	ment and fee(s) are submitted for filing	g.	
Please return all correspondence	concerning this matter to the followin	g:	
	SILVANA MA	NGANIELLO O	ROPEZA
	Fashion Jewerly for		
	1184 Pitch Pine Ci	r ss	
	Oviedo, FL 327	165	
	City/State and Silvanamanganiello a E-mail address/to be used for futo	Zip Code Notmail.com ure annual report notification)	
For further information concern	•		
Silvana Mangan Name of Person	iello Oropeza at (70	12) 287 - 8303 Area Code & Daytime Telepho	one Number
Enclosed is a check for the follo	wing amount:		
\$25.00 Filing Fee \$3.	Certificate of Status Certified		\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

 \sim

Registration Section

Division of Corporations

TO:

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

	r Women LLC		
(Name of the Limited Liability Compa) (A Florida Limited L	ny as it now appears on our records.) iability Company)		
The Articles of Organization for this Limited Liability Company Florida document number		and ass	igned
This amendment is submitted to amend the following:			
If amending name, enter the new name of the limited liab	ility company here:		
Fashion Jewelry for Wom	en LLC		
The new name must be distinguishable and end with the words "Limi L.L.C."	ted Liability Company," the designation		bbreviation
Enter new principal offices address, if applicable:	4184 Pitch Pine Oviedo, FL 3270	<u>Cir</u>	
Principal office address MUST BE A STREET ADDRESS)	CVIEGO, FL 5270	<u> </u>	
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)	4184 Pitch Pine Oviedo, FL 32	e Cir 765	
3. If amending the registered agent and/or registered of registered agent and/or the new registered office address her		the name o	f the new
Name of New Registered Agent:	······		eraninary eraninary eraninary
New Registered Office Address:			. 12 K-194P
	Enter Florida street a	ddress ⊋	
	, Florida	Zip Code	Manual ser

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 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 **Title Type of Action** <u>Name</u> **Address** Add Remove ☐ Add Remove ___ Remove ☐ Add 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 SILVANA MANGANIELLO ORDAEZA
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00