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COVER LETTER

SUBJECT: ShoeVOGUE Accessory Company, LLC Name of Limited Liability Company								
		, , ,						
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.						
Please return all correspo	ondence concerning this matter	to the following:						
		Diene Meyer						
	Diana Moyer Name of Person							
	ShoeVOGUE Accessory Company, LLC							
Firm/Company								
	13806 Little Road #163							
	Address							
	Hudson/Florida 34667 City/State and Zip Code							
	Sunbiz@shoevogue.com E-mail address: (to be used for future annual report notification)							
For further information concerning this matter, please call:								
D	iana Moyer	727 s	868-3344					
Name o	-	at (727) Area Code & Day	time 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)					

MAILING ADDRESS:

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
Cliffon Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

FILED

11 SEP 21 AM 10: 04

SECRETARY OF STATE

ShoeVOGUE Accessory Company, LLOALLAHASSEE, FLORIDA
(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization f	or this Limited Liability Company	were filed on	04/08/2011	and assigned
Florida document number	L11000042330			
This amendment is submitted	to amend the following:			
A. If amending name, enter	the new name of the limited liab	ility company here	2:	
The new name must be distingui "L.L.C."	shable and end with the words "Limi	ted Liability Compar	ny," the designation "L	LC" or the abbreviation
Enter new principal offices a	ddress, if applicable:			
(Principal office address MU	ST BE A STREET ADDRESS)			
Enter new mailing address,	if applicables			
(Mailing address MAY BE A				
	ered agent and/or registered of new registered office address her		ur records, <u>enter t</u>	he name of the new
registered agent and or the .		-		
Name of New Regist	ered Agent:			
New Registered Offi	ce Address:		er Florida street add	
		ress		
			, Florida	7:- C. J.
		Citv		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:

MGR = Manager

MGRM = Managing Member **Type of Action Title** Name **Address** MGR Diana Moyer 13806 Little Road #163 **√** Add Hudson, Florida 34667 ☐ Remove ☐ Add Remove ☐ Add Remove ☐ Add Remove ∏Add Remove $\prod Add$ Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary. September 19 2011 Dated Signature of a member or authorized representative of a member Beth Catherwood Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00