111000076812

(Requestor's Name)				
(Address)				
(Ad	ldress)			
(City/State/Zip/Phone #)				
<u></u>	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	of Status		
Special Instructions to Filing Officer:				

Office Use Only



500211663635

09/02/11--01012--023 **30.00

2011 SEP -2 AM 8: 52 SECRETARY OF STATE TALLAHASSEE, FLORIDA

> J. SAULSBERRY EXAMINER

SEP 0 6 2011

COVER LETTER

	Registration Section Division of Corporations			
SUBJEC	T: Sole mate Sandals UC Name of Limited Liability Company			
The enclos	osed Articles of Amendment and fee(s) are submitted for filing.			
Please retu	turn all correspondence concerning this matter to the following:			
	Marche Kupper Name of Person			
	Solemate Sandals uc			
	2419 Treasure Isle Deive #13	ASE	Ž 0 11	
	Palmbooh Gardens A. 33410 City/State and Zip Code	CRETARY AHASSEI	7011 SEP -2	竹 三
	Maycle Kipper a) Mc. Com E-mail address: (to be used for future annual report notification)	SEE, FL		E O
For further	er information concerning this matter, please call:	SET	AH 8: 52	(Micagan)
Mo	avcie Kupper at 56,262-1230			
	Name of Person Area Code & Daytime Telephone Number			
Enclosed i	is a check for the following amount:			
\$25.00	O Filing Fee \$\sum	e of Sta Copy		sed)

MAILING ADDRESS:

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

Solemate Sandals U	LC	
(<u>Name of the Limited Liability Compa</u> (A Florida Limited I	any as it now appears on our records.) Liability Company)	
The Articles of Organization for this Limited Liability Company Florida document number 4//0000768/2.	y were filed on <u>07 05 2011</u> and a	essigned
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab Sun Tie Sandals LLC		
The new name must be distinguishable and end with the words "Limi "L.L.C."	nited Liability Company," the designation "LLC" or the	abbreviation
Enter new principal offices address, if applicable:	SEC.	
(Principal office address MUST BE A STREET ADDRESS)	AHE SEP	
Enter new mailing address, if applicable:	SSEE. FLO	
(Mailing address MAY BE A POST OFFICE BOX)	RIDA RIDA	
B. If amending the registered agent and/or registered of registered agent and/or the new registered office address here		of the new
Name of New Registered Agent:	,	
New Registered Office Address:	Enter Florida street address	
	, Florida	
	City Zip Coo	de

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 Title . **Address Type of Action** <u>Name</u> Marcie Kupper Same as befor □ Add Remove Add 🗌 Remove 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 Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00