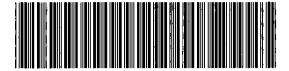
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SECRETARY OF STATE

C. LEWIS

JUL 1 8 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: High Heels and Handshakes Name of Limited Liability Company
The enclosed Articles of Amendment and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:
Bonnie Kilpatrick Name of Person
High Heels and Handshakes Firm/Company
3232 Coval Way Apt. 1903 Address
Coval Gables, FL 33145 City/State and Zip Code
—— high Neel Sand Wand Snakes @ van oo Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Bonnie Kilpatrick at (305) 923-3758 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
Filing Fee \$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & (additional copy is enclosed) (additional copy is enclosed)

MAILING ADDRESS:

Å

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

HIAN HEELS and Handsnakes I.C.

FILED
2011 JUL 15 PM 25 18

Zip Code

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
The Articles of Organization for this Limited Liability Company were filed on July 11, 2011 and assigned Florida document number L 11000079091
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here:
The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:
(Principal office address MUST BE A STREET ADDRESS)
Enter new mailing address, if applicable:
(Mailing address MAY BE A POST OFFICE BOX)
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:
New Registered Office Address:
Enter Florida street address
. Florida

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.

City

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					
<u>Title</u>	<u>Name</u>	Address	Type of Action		
MGRM	Christina Ward	700 Biltmore Way Apt 1103 COYAI GABLES, FL 33145	Add Remove		
MGRM	Bonnie Kilpatrick	3232 Coral Way Apt. 1903 Coral Gables FL 33145	□ Add □ Remove		
			Add Remove		
			Add Remove		
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			Add Remove		
D. If amend		ge(s) here: (Attach additional sheets, if necessary.) mend the date filed			
		TALLAHAS	FILE E		
Dated	Bonno KOR	altrice	YOF STATE		
	Bonnie Kil	r or authorized representative of a member Oatrick For printed name of signee			

Page 2 of 2

Filing Fee: \$25.00