## L11000081865

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2011 JUL 25 PM & ILL SECRETARY OF STATE TALLAHASSEE, FLORID

C. LEWIS

JUL 2 6 - 011

EXAMINER

## COVER LETTER

Division of Co			
SUBJECT:	3 A N	// Shoes LLC	
SUBJECT,	Name of Lim	ited Liability Company	<del></del>
The enclosed Articles of	of Amendment and fee(s) are su	bmitted for filing.	·
Please return all corresp	condence concerning this matte	r to the following:	
		Nick Wilmot Name of Person	
		Name of Person	
Debbie's Accounting Service			
		Firm/Company	
3575 Southside Blvd			
		Address	
	. J	acksonville, FL 32216	
	<del></del>	City/State and Zip Code	
	E mail address (	tomcrego@aol.com to be used for future annual report not	ification
For further information	concerning this matter, please	•	
		004	000 5050
	yesha Martin of Person	at ()	868-5658 me Telephone Number
Enclosed is a check for	the following amount:		
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclose	Sed) \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regis	LING ADDRESS: tration Section ion of Corporations	STREET/COUR Registration Secti Division of Corpo	

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

2011 JUL 25 RM 2 14
SECRETARY OF STATE
TALLAHASSEE. FLORIDA

3 A M Shoes LLC

(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 Liabi	lity Company were filed on	July 15, 2011	and assigned
Florida document numberL1100008186			
This amendment is submitted to amend the following	ng:		
A. If amending name, enter the new name of the	e limited liability company he	<u>re</u> :	
	3 AM LLC		·
The new name must be distinguishable and end with th "L.L.C."	e words "Limited Liability Comp	pany," the designation "L	C" or the abbreviation
Enter new principal offices address, if applicable	e:		
(Principal office address MUST BE A STREET A	DDRESS)		
•			
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BO.	<u>x)</u>		
	••••		
B. If amending the registered agent and/or in registered agent and/or the new registered office	2	our records, enter th	e name of the new
Name of New Registered Agent:			
New Registered Office Address:			
-	Enter Florida street address , Florida		
_			
·	City		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

<u>`itle</u>	<u>Name</u>	Address	Type of Action
			Add Remove
			Add Remove
			AddRemove
	<u> </u>		AddRemove
<del></del>			□n
<del></del>			Add Remove
. If amen	ding any other information, enter	change(s) here: (Attach additional sheets, if neces	esary.)
_		•	2011 JUL 25 TALLAHASSE
ated			RETARY OF STATE AHASSEE, FLORIDA
	Huesh	nember or authorized representative of a member  Martin  Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00