L110000089459

,	
(Requestor's	Name)
(Address)	
(Address)	
(City/State/Zi	p/Phone #)
PICK-UP W	'AIT MAIL
(Business Er	itity Name)
(Document N	lumber)
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A. LUNT

AUG 18 2011

EXAMINER

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SECRETAFOR OF STATE ALL AHAS SEE, FLORIDA

Florida Department of State Division of Corporations

- August 15, 2011

Dear Department of State:

Enclosed you will find an amendment for the Articles of Organization of a Florida LLC. I need to remove a member of the LLC and also wish to obtain a certificate of status as well. My LLC number is L11000089459.

My daytime phone number is 407-314-1401. My return address is: 754 E. Lacy Circle, Deltona, FL 32725-8174.

Please feel free to contact me with any further questions.

Sincerely,

Jennifer MacDonald

Unique Repeats Kids Consignment Sale

COVER LETTER

SUBJECT: UN TOUG REPEATS KIDS LONSIGNMENT JALE 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:			
JENNIFER C. Mac Bonald For B			
MNIQUE REPEATS X 205 CONSTRUMENT SALES FIRM/Company TO THE LACY CALLE			
Name of Person UNIQUE LEPEATS X ZOS CONSTIGNATION TO SALLE Firm/Company 754 E. LACY CIACLE Address			
OELTIONIA FL 32725 City/State and Zip Code			
JE-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
JENNIFER MACDONALD at (407) 314-1401 Name of Person Area Code & Daytime Telephone Number			
Enclosed is a check for the following amount:			
\$25.00 Filing Fec Certificate of Status Certificate of Status Certificate of Status Certificate of Status Certificate Copy (additional copy is enclosed) S60.00 Filing Fec, Certificate of Status & Certificate Copy (additional copy is enclosed)			

MAILING ADDRESS:

TO:

Registration Section Division of Corporations

> 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

(Name of the Limited Liability Compar (A Florida Limited L	iv as it now appears on our records.) iability Company)
The Articles of Organization for this Limited Liability Company Florida document number <u>L 110000 89459</u> .	were filed on Aut 3, 2511 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabi	lity company here:
The new name must be distinguishable and end with the words "Limit "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)	red Liability Company," the designation "LLC" or the abbreviation A C C C C C C C C C C C C C C C C C C
B. If amending the registered agent and/or registered office and/or the new registered office address here	ice address on our records, <u>enter the name of the new</u> :
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.

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> Name 1 **Address** Type of Action m 6RM JOHN P. Mac Donald ☐ Add 1 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 Typed or printed name of signee JENNZFER

Page 2 of 2

Filing Fee: \$25.00