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J. SAULSBERRY EXAMINER

AUG 22 2011

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT:	Christina	Couture Delights				
		ited Liability Company		_		
The enclosed Articles of	f Amendment and fee(s) are su	bmitted for filing.				
Please return all corresp	oondence concerning this matte	r to the following:				
		Christina N. Martinez		_		
		Name of Person				
	Ch	ristina Couture Delights				
		Firm/Company				
	14361 SW 25th Terrace			SEI	2011	
		Address		AR.	A	-ή
		Miami, FL 33175		CRETARY OF STATE AHASSEE, FLORIDA	ŽŪII AUG I 9	
		City/State and Zip Code		100	≥	Ш
	cma	rtinez510@bellsouth.net to be used for future annual report no	tification)	HOJA STA	AM 9: 34	
For further information	concerning this matter, please		mineation)	TE A	<u>3</u>	
	ette C. Arencibia	at (305)	505-2723			
Name	of Person	Area Code & Dayt	ime Telephone Num	ber		
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 enclos	ed) Certifi	Filing Feicate of Sied Copy ional cop	Status &	
MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		STREET/COUI Registration Sec Division of Corp Clifton Building 2661 Executive of Tallahassee, FL	oorations Center Circle	:		

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

<u>C</u>	hristina Couture Delight	<u>s</u>				
(<u>Name of the Limited</u> (A	Liability Company as it now apper Florida Limited Liability Company	ars on our records.)				
The Articles of Organization for this Limited L Florida document numberL11000093	iability Company were filed on		and assigned			
This amendment is submitted to amend the following	owing:					
A. If amending name, enter the new name o	f the limited liability company h	ere:				
Chi	ristina Couture Delights, LLC					
The new name must be distinguishable and end wi "L.L.C."	th the words "Limited Liability Com	pany," the designation "L	LC" or the abbreviation			
Enter new principal offices address, if applic	able:	7				
(Principal office address MUST BE A STREE	T ADDRESS)	YLL,				
		£2	is T			
		SSEE, F	9			
Enter new mailing address, if applicable:						
(Mailing address MAY BE A POST OFFICE	BOX)	L ORID	Ģ ·			
		10 m	<u> </u>			
B. If amending the registered agent and/registered agent and/or the new registered of	ffice address here:	our records, enter the	he name of the new			
Name of New Registered Agent:	Christina N. Martinez		,			
New Registered Office Address:	New Registered Office Address: 14361 SW 25th Terrace					
 		Inter Florida street addi	ess			
	Miami , Florida		33175			
	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 = Ma $MGRM = N$	nager Aanaging Member		
Title -	Name	<u>Address</u>	Type of Action
			Add Remove
			Add Remove
			Add Remove
D. If amend	ling any other information, ent	er change(s) here: (Attach additional sheets, if necess	ŽBII TALLI
			AUG 19 AM 9:
Dated	August 16	, <u>2011</u> · (9: 34 ORDE
	Chuttin Signature of	a member or authorized representative of a member	
		Christina N. Martinez Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00