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SCURETARY OF STATE
TALL AHASSEE, FLORID

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COVER LETTER

TO:

Registration Section
Division of Corporations

BURGET: Michelle Violette Designs, LLC

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:

Michelle Violette

Name of Person

Michelle Violette Designs, LLC

Firm/Company

1202 Marshall Court

Address

Eustis, FL 32726

City/State and Zip Code

mmviolette@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michelle Violette

_{#(}352,643-093(

Name of Person

Area Code

Daytime Telephone Number

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 enclosed)

□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

Michelle Violette Designs, L		
(<u>Name of the Limited Li</u> (A Fl	ability Company as it now appears on our records.) orida Limited Liability Company)	
The Articles of Organization for this Limited Liability Florida document number L11000115128	ty Company were filed on 10/02/2011	and assigned
This amendment is submitted to amend the following	g:	
A. If amending name, enter the new name of the	limited liability company here:	
Michelle Violette, LLC		
The new name must be distinguishable and end with the words	"Limited Liability Company," the designation "LLC" or t	he abbreviation "L.L.C."
Enter new principal offices address, if applicables	:	
(Principal office address MUST BE A STREET AL	DDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BOX	2	至常 五
		25 25 F
B. If amending the registered agent and/or r	egistered office address on our records, ent	1 ()
registered agent and/or the new registered office	address here:	
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 605, 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 Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR =	AMBR = Authorized Member				
<u>Title</u>	<u>Name</u>	Address	Type of Action		
			Add		
			□ Remove		
			□ Remove		
			D Add		
			Remove 14 12R 21 PM 1ve 5 14 LEAHNSSEE FLORIDA		
			R 21 Add		
			Remove		
			Remove		
					
					
			Remove		

D.	If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)				
	Effective date, if other than the date of filing:				
	Dated 4-18-14				
	Nichelle 14- Violette				
	Stgnature of a member or authorized representative of a member Michelle M. Violette				
	Typed or printed name of single				

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Filing Fee: \$25.00

SECRETARY OF STATE