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COVER LETTER

TO:	Registration Section Division of Corporations	y≠
SUBJ	Lady Dujour	· .
эовэ.	Name of Limited Liability Company	
The en	closed Articles of Amendment and fee(s) are submitted for filing.	
Please	return all correspondence concerning this matter to the following:	
	ROSTA J. Smith Name of Person	
	Name of Person	
	Lady Du Jour	
	Firm/Company	
	17343 SN 32nd Lane Address	
	Address	
	City/State and Zip Code Rosita j smith egrail.com E-mail address: (to be used for future annual report notification)	
	City/State and Zip Code	
	Rosita jsmith Egrailicom	
	E-mail address: (to be used for future annual report notification)	
For fu	her information concerning this matter, please call:	
	Rosita Snith at (954) 437-010/ Name of Person Area Code & Daytime Telephone Number	
	Name of Person Area Code & Daytime Telephone Number	
	,	
Enclos	d is a check for the following amount:	
X (\$25	(additional copy is enclosed) Certified (of Status &

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 ARTICLES OF ORGANIZATION

12 JAN 30 PM 4: 04

FILED

Lady Dujour (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) Florida document number 4/2000009945 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: LADY DU JOUT, LLC 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: Rasheeda smith

17343 SW 32rd lane, Miraman Pl 33029

Enter Florida street address Name of New Registered Agent: New Registered Office Address: ___, Florida _ Zip Code City

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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager

MGRM =	MGRM = Managing Member					
<u>Title</u>	<u>Name</u>	Address	Type of Action			
		wwwwas-approximates	Add Remove			
			Add			
			Remove			
			Add Remove			
			Add Remove			
			Add Remove			
			Add			
D. If ame	nding any other information, enter change	(s) here: (Attach additional sheets, if necessary.)				
	would like to charge	the address g mara	ges/			
	member Rasheeda	the address 9 nouva Smith to 17343 SW 3. (Same as Resita Smith	end Lane,			
_	Miramay, FI 33629	(same as Resita Smith	<u></u>			
_	Also changing nam	o "Lady Dujeur" to "I	ady			
	Du Jour" (three 1	nords instead y 2) - see a	Hacked.			
Dated	January 25, 20	1)				
	V 1					
	Signature of a member o	r authorized representative of a member				
		a smith.				
	Typed or	r printed name of signee				

Page 2 of 2

Filing Fee: \$25.00