## 112000024958

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SECRETARY OF STATE STATE OF CORPORATIONS

12 NOV 29 PM 2: 57

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T. HAMPTON

## **COVER LETTER**

TO: Registration Section Division of Corpor	
SUBJECT:	Charmed Soles, LLC Name of Limited Liability Company
The enclosed Articles of Am	endment and fee(s) are submitted for filing.
Please return all corresponde	ence concerning this matter to the following:
	Golnesa Gigi Chovantoo
	charmed Soles LLC Firm/Company
	2753 Coconut Ave Address
	miami, FC 33133 City/State and Zip Code
,	Charmed Soles Egmail. Com E-mail address: (to be used for future annual report notification)
For further information cond	terning this matter, please call:
Gigi Gho	rson at (305) 535-3163 Area Code & Daytime Telephone Number
	•
Enclosed is a check for the f	following amount:
\$25.00 Filing Fee	\$30.00 Filing Fee & \$55.00 Filing Fee & \$60.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)  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



## FLORIDA DEPARTMENT OF STATE Division of Corporations

RECEIVED

12 NOV 29 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

October 23, 2012

GOLNESA GIGI CHOVANLOO 2753 COCONUT AVE MIAMI, FL 33133

SUBJECT: CHARMED SOLES, LLC Ref. Number: L12000024958

We have received your document for CHARMED SOLES, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The attached form must be completed in order to file the document.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 812A00026046

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

TICLES	Or	UKG	AITI
		OF	

FILED SECRETARY OF STATE DIMIDION OF CORPORATIONS

	Bidifilak at Controlle					
Charmed Solos UC 12 NOV 29 PM 2: 57  (Name of the Limited Liability Company's it now appears on our records.)  (A Florida Limited Liability Company)						
The Articles of Organization for this Limited Liability Company Florida document number _ L   2000024958 _	were filed on Feb. 21, 2012 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."	ed Liability Company," the designation "LLC" or the abbreviation					
Enter new principal offices address, if applicable:	2753 (oconut Ave.					
(Principal office address MUST BE A STREET ADDRESS)	Miami, FC 33133					
Enter new mailing address, if applicable:  (Mailing address MAY BE A POST OFFICE BOX)	2753 (oconut Ave. Miami, FL 33133					
B. If amending the registered agent and/or registered off registered agent and/or the new registered office address here						
Name of New Registered Agent: Golnesa Gi	gi Ghovanloo					
New Registered Office Address: 2753	Enter Florida street address					
mid	City Florida 33133					
New Registered Agent's Signature, if changing Registered Agent:	Cuy Zip Code					

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> <u>Name</u> **Address** Type of Action Grigi Chovanlow Remove ☐ Add Remove ☐ Add Remove Remove  $\Box$ Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

Page 2 of 2

Filing Fee: \$25.00