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Certified Copies	Certificate	s of Status
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Special Instructions to	Filing Officer:	
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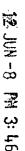
Office Use Only

B. KOHR
JUN 1 1 2012
EXAMINER



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COVER LETTER

Division of	Corporations		
SUBJECT:	AMERICAN GIR	L EXPERIENCES, LLC	
SUBJECT.		ted Liability Company	
-		•	
The enclosed Articles	s of Amendment and fee(s) are sub	omitted for filing.	
Please return all corre	espondence concerning this matter	to the following:	11 3 16 St 3: 16
		APRIL L. BRAUN	برب ر
		Name of Person	 ්ර
		Firm/Company	
		708 S. 12TH ST.	
		Address	
		_ANTANA FL, 33462	
	ADDU	City/State and Zip Code	·
	E-mail address: (LBRAUN1@GMAIL.COM to be used for future annual report notifications.	tion)
For further information	on concerning this matter, please of	eall:	
Α	PRIL L. BRAUN	at (_561 _{.)} 3	73-9619
Nan	ne of Person	Area Code & Daytime 1	elephone Number
Enclosed is a check for	or the following amount:		
☑ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	AILING ADDRESS:	STREET/COURIE	R ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

TO:

Registration Section

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION

OF AMERICAN GIRL EXPERIENCES, LLC (Name of the Limited Liability Company as it now appears on our records.)

(A Flori	ida Limited Liability Company)		To "
The Articles of Organization for this Limited Liability Florida document number	• • •	05/08/2012	and assigned
This amendment is submitted to amend the following	g:		
A. If amending name, enter the new name of the	limited liability company he	ere:	
The new name must be distinguishable and end with the "L.L.C."	words "Limited Liability Comp	pany," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:			
(Principal office address MUST BE A STREET AL	ODRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)			
B. If amending the registered agent and/or re registered agent and/or the new registered office a		our records, enter t	he name of the new
Name of New Registered Agent:			
New Registered Office Address:			
	E	nter Florida street add	ress
		, 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 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 = I	nnager Managing Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR_	APRIL L. BRAUN	708 SOUTH 12 ST. LANTANA FL 33462	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter	change(s) here: (Attach additional sheets, if necessary.)	_
_			
. —		•	-
Dated	6612	IX Braun	
	Signature of a n	nember or authorized representative of a member L. Braun Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00