## L12000084755

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EXAMINER

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Michaels's Classics L.L.C.  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:
Please return all correspondence concerning this matter to the following:  Harold V. Hickey  Name of Person  Hickey & Hickey  Firm/Company
Hickey & Hickey Firm/Company
7800 Red Road, Suite 305
South Miami/Florida 33143 City/State and Zip Code
harold whickey @ bell south.net  E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:
Harold V. Hickey at (305) 661-8000  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee  Certificate of Status  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

Michaels's Classics (Name of the Limited Liability Company (A Florida Limited Liability Company)	L. L. C.  Vas it now appears on our records.  Ability Company)
The Articles of Organization for this Limited Liability Company v Florida document number <u>L 12000 84755</u> .	vas it now appears on our records.) Ability Company)  were filed on 6/27/2012 and assigned
Florida document number	*. 23
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liabil	ity company here:
Michael's Classics L.L.C.	
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Company," the designation "LLC" or the abbreviation
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 here:	
Name of New Registered Agent:	
New Registered Office Address:	Enter Florida street address
	City Zip Code
	Lip Couc

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 = Manager MGRM = Managing Member **Title** <u>Name</u> **Address** Type of Action ☐ Add Remove Add 🗌 ☐ Remove ☐ Add Remove Add Remove ∏Add Remove ∏Add Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated\_ Signature of a member or authorized representative of a member Harold

Typed or printed name of signee
Page 2 of 2

Filing Fee: \$25.00