a, 79527 -323 982-8300 From: Ani Muradian 201 TO: atices Division of Page 1of 1

# Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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To:

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Division of Corporations Fax Number : (850)617-6383

From:

Email Address:

:	LEGALZOOM.COM	INC.
:	T20010000062	
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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# T. HAMPTON

8/3/2012 10:29:24 AM PDT

1-923-962-8300 From; Ani Muredian

### **COVER LETTER**

#### TO: Registration Section Division of Corporations

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TOT

## SUBJECT: CHLOE'S CREATIONS 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:

Barbara Dang

(Name of Person)

Legalzoom.com, Inc.

(Firm/Company)

100 W. Broadway Suite 100

(Address)

Glendale, CA 91210

(City/State and Zip Code)

For further information concerning this matter, please call:

Barbara Dang

(Name of Person)

at (323) 962-8600 (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

525.00 Filing Fee

S30.00 Filing Fee & Certificate of Status S55.00 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 7

· · · · · ·	8/3/2012 10:29:24 AM PDT	1-323-962-8300	Prom: A	ni Muredian
CHLOE'S CRE			12 AUG - 3 AM 7: 54	FILLS SECRETARY OF STATE NIVISION OF COLUMN
(INAM)	e of the Limited Liability Company as it now appears on our r (A Florida Limited Liability Company)	ecoras.		

The Articles of Organization for this Limited Liability Company were filed on <u>07/24/2012</u> and assigned Florida document number <u>L12000095271</u>

This amendment is submitted to amend the following:

TO:

Page 4 of 6

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "LLC."

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:

Name of New Registered Agent:

New Registered Office Address:

(Enter Florida street address)

\_, Florida \_

(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.

(City)

(If Changing Registered Agent, Signature of New Registered Agent)

Page 1 of 2

; <u>ه</u>.

1-323-962-8300 From: Ani Muradian

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

### MGR = Manager MGRM = Managing Member

. . . . . . . . . . .

Name	Address	Type of Action
		Add Remove
		Add Remove
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		Add Remove
ing any other information, enter change(	s) here: (Attach additional sheets, if necessary.)	
cle II. The street address of the prin	ncipal office of the Limited Liability	_
mpany shall be: 8351 State RD. 54	Unit 111, New Port Richey, FL 34655	
e mailing address of the Limited Lia	bllity Company shall be:	_
1 State RD. 54 Unit 111, New Port	Richey, FL 34655	
Signature of a member of David Metzler	C. Metzler	SECRETARY OF STATE
	ing any other information, enter change( cle II. The street address of the print mpany shall be: 8351 State RD. 54 e mailing address of the Limited Lia 51 State RD. 54 Unit 111, New Port -1-1 Signature of a member of David Metzler	ing any other information, enter change(s) here: (Attach additional sheets, if necessary.) cle II. The street address of the principal office of the Limited Liability mpany shall be: 8351 State RD. 54 Unit 111, New Port Richey, FL 34655 a mailing address of the Limited Liability Company shall be: 61 State RD. 54 Unit 111. New Port Richey, FL 34655



