

L12000114379

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(Address)

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(Business Entity Name)

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Procurement & Litigation

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May 5, 2016

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

Subject: Your Reference: DUSTY PIXIE, LLC (L12000114379)  
Our Reference: STATE OF FLORIDA TRADEMARK "PIXIE DUST"  
Our File No. 16-9020

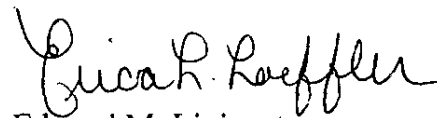
Dear Sir or Madam:

Enclosed please find the Articles of Amendment to Articles of Organization for DUSTY PIXIE, LLC. Also enclosed is a check in the amount of \$25.00 to cover the filing fee for amending the name of the limited liability company to PIXIE DUST METAPHYSICAL BOUTIQUE, LLC.

Please forward the filing receipt and any correspondence with regard to this Amendment to the undersigned.

Thank you very much for cooperation in this matter. Should you have any questions, please do not hesitate to contact the undersigned.

Very truly yours,



Edward M. Livingston  
Erica L. Loeffler

/kmf

Enclosures: Articles of Amendment to Articles of Organization  
Check #11811

pc: Amendment (with enclosure)

**ARTICLES OF AMENDMENT  
TO  
ARTICLES OF ORGANIZATION  
OF**

DUSTY PIXIE, LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on September 6, 2012 and assigned  
Florida document number L12000114379.

This amendment is submitted to amend the following:

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

PIXIE DUST METAPHYSICAL BOUTIQUE, LLC

The new name must be distinguishable and contain 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:**

Name of New Registered Agent:

New Registered Office Address:

*Enter Florida street address*

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 605, 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 Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR.= Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
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TALLAHASSEE, FLORIDA

**D. If amending any other information, enter change(s) here:** *(Attach additional sheets, if necessary.)*

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OFFICE OF STATE  
TALLAHASSEE, FLORIDA

**E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)**

(If an effective date is listed, the date must be specific and cannot be prior to date of filing or more than 90 days after filing.) Pursuant to 605.0207 (3)(b)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated May 5, 2016.

Quica R. Raffler - Attorney in Fact  
Signature of a member or authorized representative of a member

Erica L. Loeffler, Esq. - Attorney in Fact

Typed or printed name of signee