

L12000117606

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

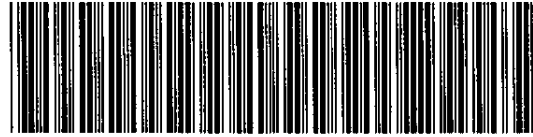
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2012 NOV 1 AM 9:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

11/01/12--01023--009 \*\*25.00

J. SAULSBERRY  
EXAMINER  
NOV 2 2012

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**FASHION FLAIR, LLC**

**SUBJECT:** \_\_\_\_\_  
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:

**BRIAN DEZAVALA**

\_\_\_\_\_  
Name of Person

**FASHION FLAIR INC**

\_\_\_\_\_  
Firm/Company

**5812 PITCH PINE DR**

\_\_\_\_\_  
Address

**ORLANDO, FL 32819**

\_\_\_\_\_  
City/State and Zip Code

**Briand@screenworksusa.net**

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

2012 NOV 1 AM 9:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

**Ajit S Kohli**

\_\_\_\_\_  
Name of Person

at ( **407** ) **433-4419**

\_\_\_\_\_  
Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

\$25.00 Filing Fee

\$30.00 Filing Fee &  
Certificate of Status

\$55.00 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

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

**FASHION FLAIR LLC**

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

9/14/12

The Articles of Organization for this Limited Liability Company were filed on \_\_\_\_\_ and assigned Florida document number L12000117606.

This amendment is submitted to amend the following:

**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 "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
201 NOV -1 AM 9:10  
L-1-1

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: BRIAN DEZAVALA

New Registered Office Address: 5812 PITCH PINE DRIVE  
*Enter Florida street address*

ORLANDO, Florida 32819  
*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*



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

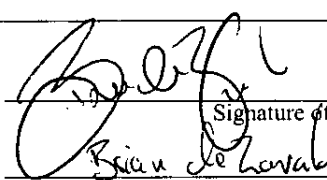
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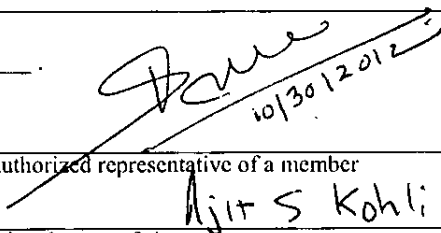
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Dated OCTOBER 30, 2012

  
Brian de Lencastre

Signature of a member or authorized representative of a member

  
10/30/2012  
Ajit S Kohli

Typed or printed name of signee

Page 3 of 2

Filing Fee: \$25.00