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'JAN 1'5 2013

T. HAMPTON

COVER LETTER

	on Section f Corporations
SUBJECT:	Mariage Emponum Name of Limited Liability Company
The enclosed Artic	les of Amendment and fee(s) are submitted for filing.
Please return all co	rrespondence concerning this matter to the following:
	Heather To Johns Name of Person
	Marriage Emporium
	3058 White Heron Trail
	Orany Park FL 320173 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For further informa	tion concerning this matter, please call:
Moa	450 Usman at (904, 403 1185
N	lame of Person Area Code & Daytime Telephone Number
Enclosed is a check	c for the following amount:
□ \$25.00 Filing F	ee \$\square\$\square\$30.00 Filing Fee & \$\square\$\$\$\square\$\$\square\$\$\$\square\$\$\$\$\square\$

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

	199e Emporium	LLC	
(<u>Name of the Limited Liak</u> (A Flor	pility Company as it now appear ida Limited Liability Company)	rs on our records.)	
		11/2/1	
The Articles of Organization for this Limited Liabili		13/12	_ and assigned
Florida document number <u>LI20001320</u>	<u>60 </u>		
			13 ENV. 5
This amendment is submitted to amend the followin	g:		
A If amonding name onton the new name of the	limited liability someony hav	•••	The second secon
A. If amending name, enter the new name of the	milled habinty company her	<u>c</u> .	
The new name must be distinguishable and end with the	words "Limited Liability Come	any " the degianation "I I t	" or the abbreviation
"L.L.C."	words Ellined Elability Compa	my, the designation EEA	or traction cylation
Enter new principal offices address, if applicable			0
(Principal office address MUST BE A STREET A	•		_
Trincipal Office address MOST BE ASTREET AT	<u> </u>		
Enter new mailing address, if applicable:		,	
			
(Mailing address MAY BE A POST OFFICE BOX			
B. If amending the registered agent and/or re	egistered office address on o	our records, enter the	name of the new
registered agent and/or the new registered office			,
Name of New Registered Agent:	-		
New Registered Office Address:			
	En	ter Florida street addre	SS
		, 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, <u>enter the title</u>, <u>name</u>, <u>and address of each Manager or Managing Member being added or removed from our records</u>:

MGR = Manager MGRM = Managing Member

Title	<u>Name</u>	Address	Type of Action
MGRA	Heather To Johns	·	Add
			Remove
		<u> </u>	
			Add
,			Remove
			
			Add
			Remove
			_
			Add
			Remove
			_ Add 4
			Remove
			Add
		·	Remove

. If amending an	y other information, enter change(s) here: (Attach additional sheets, if necessary.)
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•	MATE .
	Signature of a member or authorized representative of a member
	MODIBO USMAN
	Typed or printed name of signee
•	Page 3 of 3

Filing Fee: \$25.00

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