## L12000145042

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
(City/State/Zip/Priorie #)							
PICK-UP WAIT MAIL							
(Business Entity Name)							
(Document Number)							
Certified Copies Certificates of Status							
Special Instructions to Filing Officer:							
-,							
FEB 1 4 2013;							
S. TONER							
S. TONER							

Office Use Only



400244493384

02/13/13--01008--016 \*\*25.00

FILED

13 FB 13 M D T

SECRETARY OF STATE

## **COVER LETTER**

TO: Registration Section Division of Corporations								
SUBJECT: Happily Ever After Botique & Consignment 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:								
John Alderman								
Name of Person								
Firm/Company								
12057 Warwick Cir								
Address								
Parrish, FL 34219								
City/State and Zip Code								
E-mail address: (to be used for future annual report notification)								
For further information concerning this matter, please call:								
Tara Alderman at (727) 743-3023								
Name of Person Area Code & Daytime Telephone Number								
Enclosed is a check for the following amount:								
\$25.00 Filing Fee    \$30.00 Filing Fee &   \$55.00 Filing Fee &   \$60.00 Filing Fee,     Certificate of Status								

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

Florida document number <u>LI200014</u>5042 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) 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: Tara Alderman Name of New Registered Agent: 12057 Warwick Cir New Registered Office Address: Enter Florida street address

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

Aff 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 Name Address Type of Action

MGRM Tara Alderman 12057 Warwick Cir Remove

MGRM Tohn Alderman 12057 Warwick Cir Remove

MGR	John Alderman	12057 Warwick Cir Parrish Fl 34219	Add Remove
<u>m6Rm</u>	John Alderman	12057 Warwick Cir Parrish FL 34219	Add Remove
			Add Remove
<u> </u>			Add Remove
			AddRemove

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

Please	change	the titling	of	John	Alderman		
to a	membe	<u>r manage</u>	۲ -	MGR	M		

Dated The day of February 2013

Signature of a member or authorized representative of a member

John Alderman
Typed or printed name of signee

Page 2 of 2

Filing Fee: \$25.00