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FEB 2.5 2012 D. BRUCE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Mother Daughter Redefined UC 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:
Ronna Frazier
Name of Person
Mother Daughter Redefined
Firm/Company
540 111th Ave North
Address $\overline{\mathcal{C}}$
Naples, FL 34108 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
\sim \sim \sim
Name of Person at (139) 450-1393 Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) \$60.00 Filing Fee, 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

	•	LLC
(Name of the Limited Limitity Con (A Florida Limit	npany as it now appears on our ed Liability Company)	records.)
The Articles of Organization for this Limited Liability Comp	any were filed on <u>Jan</u> . I	4,2013 and assigned
Florida document number <u>LI3000006503</u> .		
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited		
	defined LLC	
The new name must be distinguishable and end with the words "1 "L.L.C."	Limited Liability Company," the d	-
Enter new principal offices address, if applicable:	Same	2018 FT
(Principal office address MUST BE A STREET ADDRESS		The Comment
		
Enter new mailing address, if applicable:	Po Box 1 Naples, Fi	10613
(Mailing address MAY BE A POST OFFICE BOX)	Naples, Fi	. 34108°°
B. If amending the registered agent and/or registered registered agent and/or the new registered office address Name of New Registered Agent: New Registered Office Address:	here:	rds, enter the name of the new
	City ,	Florida Zip Code
	City	Lip Coue

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, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

MGR = Manag MGRM = Man	er aging Member	NIA	
<u>Title</u>	Name	Address <u>T</u>	ype of Action
			Add
			Remove
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			Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
the only amendment being made
is to correct a typo in the name
mother Daugher Redefined LLS
missing the letter "T" in daughter
Dated $2/12$, 2013 .
Sonne Sugar
Signature of a member or authorized representative of a member Ronns Frazi er
Typed or printed name of signee
Page 3 of 3
Filing Fee: \$25.00

2013 FEB 22 PM 1:53