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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: All American G:	r Accessories, LLC imited Liability Company	*
Name of L	united Liability Company	
The enclosed Articles of Amendment and fee(s) are	submitted for filing.	
Please return all correspondence concerning this mat	tter to the following:	
Laura D.	Samperi Name of Person	
All America	n Dall And Girl Access	ories, LLC
15888 115th	Ave. N. Address	
Jupiter, F	City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code	
Idsamper E-mail address	: (O COMC ast. net s: (to be used for future annual report notificati	ion)
For further information concerning this matter, pleas		
Laura D. Samperi Name of Person	at (<u>954) 415-3167</u> Area Code & Daytime Te	elephone Number
Enclosed is a check for the following amount:		
\$25.00 Filing Fee \$\times \$30.00 Filing Fee \$\times \$\text{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

FEE

All American Gir	1 Acrossmeios 110	13 FEB 11 AM 11: 20
(Name of the Limited Lia	bility Company as it now appears	on our records?
(A FJo	rida Limited Liability Company)	
The Articles of Organization for this Limited Liabil	ity Company were filed on	28 13 and assigned
Florida document number <u>L130000 1400</u>	12	
This amendment is submitted to amend the following	ng:	
A. If amending name, enter the new name of the	limited liability company here:	
All American Doll a	nd Girl Accessorie	es, LLC
The new name must be distinguishable and end with the "L.L.C."	e words "Limited Liability Company	"the designation "LLC" or the abbreviation
Enter new principal offices address, if applicable	· N/A	
(Principal office address MUST BE A STREET A	DDRESS)	
Enter new mailing address, if applicable:	N/A	
(Mailing address MAY BE A POST OFFICE BOX	Q	
B. If amending the registered agent and/or r		records, enter the name of the new
registered agent and/or the new registered office	address here:	
	NIA	
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 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 = Manager MGRM = Managing Member				
<u>Title</u>	Name NIA	Address	Type of Action Add	
		<u>. </u>	Remove	
			Add	
			Remove	
			Add	
			Add Remove	
			Add	
			Remove	
	 		Add	

lf aı	f amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)		
	4		
d	tobruary 7, 2013.		
	Tebruary 7, 2013. Laura D. Samperi		
	Qaura V. Samperi		
	Signature of a member or authorized representative of a member		
	Laura D. Samper; Typed or printed name of signee		
	Typed or printed name of signee		

Page 3 of 3

Filing Fee: \$25.00