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EURE INSTITUTE TALLAHASSEE, FLORID:

B. BOSTICK SEP **1 9** 2013

FYAMINE

COVER"LETTER

TO:

Registration Section
Division of Corporations

Shabby Shack Consignment & Thrift, 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:

Christopher Watson	
Name of Person	
Shabby Shack Consignment & Thrift, LLC	
Firm/Company	
4812 SW 144th Street	2011 TAL
Address	2013 SEP
Starke, FL 32091	P -8
City/State and Zip Code	
shabbyshack@centurylink.net	<u> </u>
E-mail address: (to be used for future annual report notification)	— CORRO
For further information concerning this matter, please call:	3 K
Christopher Watson 263-8089	
Name of Person 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

Shabby Shack Consignment & Thrift, LLC (Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on May 24, 2013 and assigned Florida document number <u>L</u>13000076417 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: Name of New Registered Agent: 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.

City

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>	<u>Name</u>	Address	Type of Action
MGRM	Vincent Porchiazzo	11042 US Hwy 301 South	Add
		Hampton, FL 32044	Remove
			Add
			Remove
			Add
		ALLAna	Remove
			7Add
			Remove
	···		_
			Remove
			_
			Remove

If amendin	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)
	
Sep	tember 1 , 2013 / /
	Signature of a member or authorized representative of a member
C	Christopher D Watson
	Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

2013 SEP 18 PH 12: 42



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 4, 2013

CHRISTOPHER WATSON SHABBY SHACK CONSIGNMENT & THRIFT, LLC 4812 SW 144TH STREET STARKE, FL 32091

SUBJECT: SHABBY SHACK CONSIGNMENT & THRIFT, LLC

Ref. Number: L13000076417

2013 SEP 18 PK 12: 42

We have received your document for SHABBY SHACK CONSIGNMENT & THRIFT, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Barbara Bostick Regulatory Specialist II

Letter Number: 913A00020850