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# **COVER LETTER**

TO: Registration Se Division of Cor				
Some	ething Sexxy			
SUBJECT:		ed Liability Company		್ಷ ಪ
				AUS
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.		
Please return all correspo	ondence concerning this matter	to the following:		13 AUS 19 PM 5: 41
	Patricia Web	ster		記して
		Name of Person		The same of the sa
	Something S	Sexxy		
	4	Firm/Company		
	8520 N Sher	rman Circle 406	<b>,</b>	
		Address		
	Miramar, FL	33025		
		City/State and Zip Code		
	somethingsexy8(		26.1.2.18	
For further information of	e-mail address: (to	o be used for future annual report not all:	ппсаноп)	
Patricia We	ebster	<sub>at</sub> 786 925-0	537	
Name o	of Person	Area Code & Dayti	me Telephone Number	<del></del>
Enclosed is a check for t	he following amount:			
■ \$25.00 Filing Fee	□\$30.00 Filing Fee & Certificate of Status	□\$55.00 Filing Fee & Certified Copy	□\$60.00 Filing Certificate o	

## MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

Certified Copy

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

(additional copy is enclosed)

# ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Something Sexxy		· · · · · · · · · · · · · · · · · · ·
(Name of the Limited Liability Company (A Florida Limited Lia	as it now appears on our	records.)
		. (3
The Articles of Organization for this Limited Liability Company w	ere filed on June 27, 2	and assigned
Florida document number L13000092668		and assigned c.n.
This amendment is submitted to amend the following:		7
A. If amending name, enter the new name of the limited liabili	ity company here:	·
Shoe Situation LLC		
The new name must be distinguishable and end with the words "Limite "L.L.C."	d Liability Company," the d	lesignation "LLC" or the abbreviation
Enter new principal offices address, if applicable:		
(Principal office address MUST BE A STREET ADDRESS)		
		<u> </u>
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 here:		rds, <u>enter the name of the new</u>
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Florida street address	
	, Florida	
	City	, Florida Zip Code
New Registered Agent's Signature, if changing Registered Agent:		
I hereby accept the appointment as registered agent and agree	e to act in this capacity.	I further agree to comply with

If Changing Registered Agent, Signature of New Registered Agent

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 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
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			Remove

D. If amending any other information, enter change(s) here: (Attach additional sheets, if neces	sary.)		
Dated July 17, 2013.	<u>.</u>		
Signature of a member or authorized representative of a member	<u>-</u>	<del></del>	
Patricia Webs-ter Typed or printed name of signee			
Page 3 of 3	•		
Filing Fee: \$25.00	· · · · · · · · · · · · · · · · · · ·	13 8116	,
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