

L130000138143

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

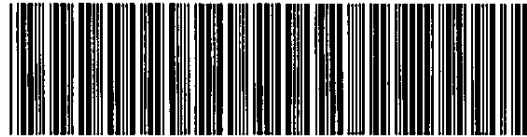
(Document Number)

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14 MAR 13 PM 3:39

SEAL OF THE STATE  
TALLAHASSEE, FLORIDA

MAR 14 2014

T. BROWN

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** EMOONSHOP L.L.C.  
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:

Carole D. Koehler

Name of Person

EMOONSHOP L.L.C.

Firm/Company

6419 ABC Park Ct.

Address

Milton, FL 32570

City/State and Zip Code

koehlerinc@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Carole D. Koehler

Name of Person

at ( 850 ) 261-0717

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

EMOONSHOP LLC

(Name of the Limited Liability Company as it now appears on our records.)  
(A Florida Limited Liability Company)

FILED  
14 MAR 13 PM 3:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on October 1, 2013 and assigned  
Florida document number L 13000138143.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

TREND-D-L.L.C.

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: Carole D. Koehler

New Registered Office Address: 6419 ABC Park Ct.  
*Enter Florida street address*

Milton, Florida 32570  
*City Zip Code*

New Registered Agent's Signature, if changing Registered Agent:

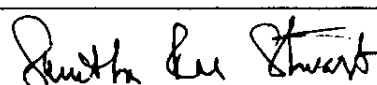
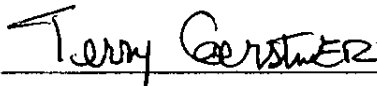
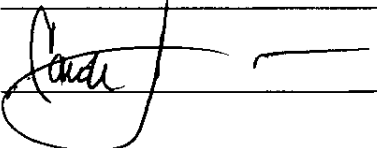
*I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, 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.*

Carole D. Koehler  
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Authorized Member on our records, enter the title, name, and address of each Manager or Authorized Member being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	Samantha Stewart	6419 ABC Park Ct	<input checked="" type="checkbox"/> Add
		Milton, FL 32570	<input type="checkbox"/> Remove
			
AMBR	Terri Gerstner	4343 S Flanders St.	<input checked="" type="checkbox"/> Add
		Aurora, CO 80015	<input type="checkbox"/> Remove
			
MGR	Carole Koehler	6419 ABC Park Ct	<input checked="" type="checkbox"/> Add
	↗	Milton, FL 32570	<input type="checkbox"/> Remove
			
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

NOTE: I WAS MGR ALSO  
ON ORIGINAL DOCUMENT.

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

**ARTICLES OF ORGANIZATION**

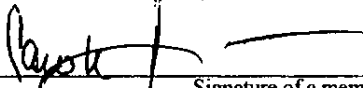
For

**Florida Limited Liability Company**

E. Effective date, if other than the date of filing: \_\_\_\_\_ (optional)

(The effective date must be specific, cannot be prior to date of receipt or filed date and cannot be more than 90 days after the date this document is filed by the Florida Department of State)

Dated MARCH 17, 2014



Signature of a member or authorized representative of a member

**Carole D. Koehler**

Typed or printed name of signee