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(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL.
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(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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COVER LETTER •

TO:	Registration Sect Division of Corpo			
SUBJE	CT: All A	bout the and	MORCUC ted Liability Company	
		TVAILE OF EIRIN	ted Elability Company	
The end	closed Articles of A	mendment and fee(s) are subn	nitted for filing.	•
Please	return all correspond	lence concerning this matter t	to the following:	
		Halley	Sington Name of Person	
		Allabi)UT HEY AND MO Firm/Company	relle
		4029 Hig	hway9D Address	
		Pace	City/State and Zip Code	
		All About N E-mail address; (to	OF PACE WAN o be used for future annual report notifi	Cation)
For fur	ther information con	cerning this matter, please ca	•	,
_H	Wey Si	rator	at (850) +210-3 Area Code Daytime	3U75 Telephone Number
Enclose	ed is a check for the	following amount:		
\$ \$25	5.00 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

(Name of the Limited Liability Company as it now appears on our records.) (A Florida Limited Liability Company)
(A Florida Limited Liability Company) The Articles of Organization for this Limited Liability Company were filed on 3 7 10 and assigned Florida document number
This amendment is submitted to amend the following:
A. If amending name, enter the new name of the limited liability company here: Southern Charm Antiques 3 Consignment uc The new name must be distinguishable and contain 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) PULL TO SIGNME
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) Pack Fe 3759
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: 1029 Highway 90 Enter Elgrida street address
Pace Florida 325-11 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.

If Changing Registered Agent, Signature of New Registered Agent

Page 1 of 3

i amending r removed i	Authorized Person(s) authorized to n from our records:	nanage, <u>enter the title, name, an</u>	d address of each person being ac
or removed from our records: MGR = Manager AMBR = Authorized Member			
<u>tle</u>	<u>Name</u>	Address	Type of Action
	<u></u>		
			□ Remove
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If am	ending any other information, enter change(s) here: (Attach additional sheets, if necessary.)
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Note:	tive date, if other than the date of filing:
	cord specifies a delayed effective date, but not an effective time, at 12:01 a.m. on the earlier of e 90th day after the record is filed.
Dated	Mallon
	thateur A. Sington 28 = 1
	Page 3 of 3
	Filing Fee: \$25.00