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FILED # 3 50
SECRETARY OF STATE
SECRETARY OF STATE

D. SCOTT OCT 2 0 2016

## **COVER LETTER**

TO:	Registration Section Division of Corporations	
SUBJ	JECT: Bendi's Brutique, LLC  Name of Limited Liability Copplany	
The e	enclosed Articles of Amendment and fee(s) are submitted for filing.	
Please	e return all correspondence concerning this matter to the following:	
	Belinda Howard Name of Person	
	Bendis Thrift Store, LLC.	
	114 SE5thave Untt 114.	
	Ocelhobel H 34974  City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	'n
For fu	urther information concerning this matter, please call:	FIL
	Relinda Howard at 88 386-2007 Fine Rea Code Daytime Telephone Number Services	
Enclo	osed is a check for the following amount:	<b>;</b>
□ \$2	25.00 Filing Fee \$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	

#### 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

Bendis Boutiau (Name of the Limited Liability Company (A Florida Limited Liability Company)	as it now appears on our records.) bility Company)
The Articles of Organization for this Limited Liability Company w	ere filed on 71-2015 and assigned
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liability  Bendis Thirt  The new name must be distinguishable and contain the words "Limited Liability	Store LLC
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 registered agent and/or the new registered office address here:	ce address on our records, enter the name of the new
Name of New Registered Agent:	En a n
New Registered Office Address:	Enter Florida street address , Florida
New Registered Agent's Signature, if changing Registered Agent:	City Spr Code 5

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

If amending Authorized Person(s) authorized to manage,	<u>enter</u>	the title,	name, a	ind add	iress of	each	person	being	<u>added</u>
or removed from our records:	1								

MGR = MS $AMBR = AS$	anager uthorized Member		
<u>Title</u>	Name	Address	Type of Action
			☐ Remove
			☐ Change
			Add
			□ Remove
			Add
			Remove
			Change
			Add
			☐ Remove
			S Change
			AND AND C
			Fig Remove
			SECRETARY OF PLATE ORDA  Change  Change  Change
			Add
			☐ Remove
			☐ Change

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Effective date, if other than the date of filing:    10-1-16		•
Effective date, if other than the date of filing:    10-1-10   (optional)		
Effective date, if other than the date of filing:    10-1-10   (optional)		
Effective date, if other than the date of filing:    10-1-10   (optional)		
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Belinda Houard  Typed or printed name of signee	•	2.g.iatur

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Filing Fee: \$25.00