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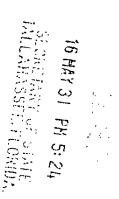
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### **COVER LETTER**

TO:	Registration Sec Division of Corp			•
SUBJI	ECT: <u>/ v c</u>	NAME OF LIM	ets L.L.C.	
		Name of Lim	ited Liability Company	
The en	closed Articles of A	mendment and fee(s) are sub	mitted for filing.	
Please	return all correspon	dence concerning this matter	to the following:	
		DENN	Name of Person	
		LUCKY	Mouse GIFTS L. Firm/Company	L,C
		804	VIA DEL SOL	
			Address	
		DAVEN	PORT FL, 338 City/State and Zip Code	96
		E-mail address: (1	WLAW 100 GAOL, C.C. to be used for future annual report notif	ication)
For fur	ther information cor	ncerning this matter, please ca	મી:	
	DENNI'S	PAWLAU	at ( <u>3/4</u> ) <u>489-5</u> Area Code Daytime	503
	Name of I	o sou	Alea Code Daytime	Telephone Number
Enclose	ed is a check for the	following amount:		
<b>19</b> \$2:	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

LUCHY MOUSE GIFTS	L.L.	<i>C.</i> ·		
(Name of the Limited Liability Company as (A Florida Limited Liability	it now appea ty Company)	rs on our records.)		
The Articles of Organization for this Limited Liability Company were Florida document number <u>L16000 7734</u> 6			2 and ass	igned
This amendment is submitted to amend the following:				
A. If amending name, enter the new name of the limited liability of	company h	ere:		
The new name must be distinguishable and contain the words "Limited Liability Co	ompany," the	designation "LLC" or the	abbreviation "L.	L.C."
Enter new principal offices address, if applicable:				<del></del>
(Principal office address MUST BE A STREET ADDRESS)				<del></del>
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:  Name of New Registered Agent:	address or	n our records, ents	er the name	of the new
				<del></del>
New Registered Office Address:	Enter Flo	rida street address	SI PA	3
	City		⊋ Zip Code ∼	1
New Registered Agent's Signature, if changing Registered Agent:		,	0.7	
I hereby accept the appointment as registered agent and agree to	act in this	capacity. I further o	agree to comp	oly 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, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	Name	Address	Type of Action
MGR	DENNIS PAWLAY	804 VIA DEL SOL	CO Add
		DAVENPORT FL. 33896	Remove
			Change
MGR	JAN PAWLAY	804 VIA DEL SOL	□ Add
		DAUENPORT FL 3389	6 A Remove
			Change
MGR	JASON PAWLAY	804 VIA DEL SOL	🗆 Add
		DAVENPORT FL 3389	6 Remove
			Change
			Add
			□ Remove
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Filing Fee: \$25.00