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SECRETARY OF STATE FLORIDA

D. BRUCE MAR 3 0 2017

COVER LETTER

Division of Cor	porations				
TIANA'S B	RIDAL & FORMAL LLC	<i>;</i>			
SUBJECT:	Name of Lim	ited Liability Company			
The enclosed Articles of	Amendment and fee(s) are sub	mitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	HUGUE VILLARD				
		Name of Person	······································		
	TIANA'S BRIDAL& FOR	MAL LLC			
•	**************************************	Firm/Company	<u> </u>		
	2409 S HWY 27				
•		Address			
	CLERMONT FLORIDA 3	34761			
		City/State and Zip Code			
	TIANABRIDAL@HOTMA				
For further information co	E-mail address: (oncerning this matter, please c	to be used for future annual report notifica all:	SECR	2017 1	erene,
HUGUE VILLARD		407 585-9171 at ()	HASS	HAR 2	Section 1.
Name of	Person		elephone Number	ھ	
			F SI	U	
Enclosed is a check for th	e following amount:		RID.	?: =	
□ \$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	Sertificate of Certified Co (additional co)	of Status &	

MAILING ADDRESS:

TO:

Registration Section

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

TIANA'S BRIDAL & FORMAL	*				
(Name of the Lin	ited Liability Company as it no (A Florida Limited Liability C	w appears on our recor- ompany)	<u>ds.</u>)		
The Articles of Organization for this Limited	Liability Company were file	ed on 12-06-2016		_ and assigned	i
Florida document number L16000220471	·			_	
This amendment is submitted to amend the fo	llowing:				
A. If amending name, enter the new name	of the limited liability con	ipany here:			
SAME					
The new name must be distinguishable and contain the	words "Limited Liability Compa	iny," the designation "LL	C" or the abbre	viation "L.L.C."	
Enter new principal offices address, if appli	icable:				
Principal office address MUST BE A STRE	ET ADDRESS)				
Trincipal Office dataless MODI BE A SIRE	<u></u>				
					—
Enter new mailing address, if applicable:					
Mailing address MAY BE A POST OFFICE	E BOX)				
			<u> </u>		
			7		
B. If amending the registered agent and	l/or registered office add	lress on our record	ls enter the	Security of the	ie nev
registered agent and/or the new registered		· ·	is, cited the		7
			AS	AR I	. ;
Name of New Registered Agent:	HANS NAJAC		RY O	29	
New Registered Office Address:	771 SOUTH KIRKMAN		F STATE, FLORID,	D C	
		Enter Florida street addre	2 E	Property	
	ORLANDO	. F !	lorida FLOR	гБа	
	Cit			7:- C. J.	

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

. If amending Authorized Person(s) authorized to manage, <u>enter the title, name, and address of each person_being added or removed from our records</u>:

MGR = Manager AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
CEO	HUGUE VILLARD	3475 TUMBLING RIVER DR CLI	
			□ Remove
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fective date, if oth	her than the date o	of filing: 03/2	7/2017		(optional)		
	ed, the date must be spe erted in this block do			iling or more than 90	days after filing.) Pursuant to (605.020 isted a
cument's effective	date on the Departm	ent of State's r	ecords.	ory minig requirem	citis, tins date	······································	,5,00
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Page 3 of 3

Typed or printed name of signee

Filing Fee: \$25.00