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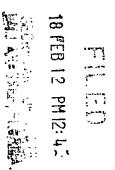
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O SIMMONS FEB 1 3 2013

COVER LETTER

TO: Registration Section Division of Corpor	on Pations		
SUBJECT: Dance	ring Faeries Name of Limite	5 Boutique, LL d Liability Company	_C
The enclosed Articles of Am	endment and fee(s) are submi	itted for filing.	
Please return all corresponde	nce concerning this matter to	the following:	
	Leslie	E. Eckhart	
		Name of Person	
		Firm/Company	-
	20110 0	2.1	
	3242 6-M	imercy Place	
	•	•	
-	Leslie. Ellen. E	City/State and Zip Code City/State and Zip Code Ckhartagmai be used for future annual eport notific	1. com
For further information conc	erning this matter, please call	:	
Leslie E. P. Name of Pc	ckhart	at (<u>850</u>) <u>320 –</u> Area Code Daytime	097a (cell) Telephone Number
Enclosed is a check for the fo	ollowing amount:		. 4
□ \$25.00 Filing Fee I	3 \$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

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:

(additional copy is enclosed)

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Dancing Faeries (Name of the Limited Liability Compa (A Florida Limited	Boutique, L	LC
The Articles of Organization for this Limited Liability Company Florida document number $L17960143142$.		,
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the limited liab LesLia Ventures LL The new name must be distinguishable and contain the words "Limited Liabi	-C	C" or the abbreviation "L.L.C."
Enter new principal offices address, if applicable:	my company, are acongrame.	
(Principal office address MUST BE A STREET ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX)		B FEB TO PER TO
B. If amending the registered agent and/or registered or registered agent and/or the new registered office address her		ds, enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:	Enter Florida street addr	ess
	, F	Florida
	Ciŷ	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

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 = Aut	horized Member		
<u>Title</u>	Name	Address	Type of Action
AMBR	Lydia M. Mansfield	IIII Washington Ct. Apt3	Add
		Tallahossee, FL. 32303	
			Change
AP	Delaney M. Watson	3242 Gramercy Place Tallahassee, FL 32308	□ Add
•	•	Tallahassee, FL 32308	Remove
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effective date is his te: If the date ins	ther than the date sted, the date must be spected in this block do the date on the Departs	ecific and cannot oes not meet the	be prior to date of applicable state	filing or more than	Optiona 190 days after filir rements, this da	ng.) Pursuant to 605.03
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Page 3 of 3

Filing Fee: \$25.00