

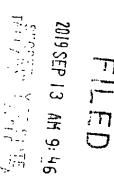
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## **COVER LETTER**

FO:	Registration Se Division of Cor			
SUBJEC	Dolls in the	sky LLC		
•	-		ited Liability Company	
The enc	losed Articles of	Amendment and fee(s) are sub	mitted for filing.	
Please re	eturn all correspo	ndence concerning this matter	to the following:	
		Diana Parra		
		Dolls in the sky LLC	Name of Person	
		625 Antioch Ave. APT#30	Firm/Company 5	
		E-mail address: (	to be used for future annual report notif	ication)
For furt	her information c	oncerning this matter, please c	all:	
Diana I	arra		321 3559320	
	Name o	f Person	at () Area Code Daytime	Telephone Number
Enclose	d is a check for t	ne following amount:		
\$25	.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:

TO:

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

Dolls in the sky LLC		
( <u>Name of the Limited Liability C</u> (A Florida Lin	ompany as it now appears on our recornited Liability Company)	ds.)
he Articles of Organization for this Limited Liability Complex Liponomer Lip	pany were filed on	and assigned
This amendment is submitted to amend the following:  A. If amending name, enter the new name of the limited liability company here:  The new name must be distinguishable and contain the words "Limited Liability Company." the designation "LLC" or the abbreviation "LLC" or the ab		
. If amending name, enter the new name of the limited	liability company here:	
he new name must be distinguishable and contain the words "Limited	Liability Company," the designation "LL	C" or the abbreviation "L.L.C."
Inter new principal offices address, if applicable:		
Principal office address MUST BE A STREET ADDRES	<u> </u>	
Enter new mailing address, if applicable:  Mailing address MAY BE A POST OFFICE BOX)	625 Antioch Ave. apt#305 Fe	ort Lauderdale, Fl. 33304
3. If amending the registered agent and/or registere	od office address on our recover	± 0 ω
egistered agent and/or the new registered office address		is, enter the haute of the
Name of New Registered Agent:		im 6
Name of New Registered Agent.		
New Registered Office Address:	Enter Florida street addre	ess
		lorida
	, <b>r</b> City	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 = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	Diana Parra	625 Antioch Ave. apt#305 Fort Lauderdale, FL 33304	
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Typed or printed name of signee

Filing Fee: \$25.00