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C. LEWIS OCT 2 3 2013 **EXAMINER** 

### **COVER LETTER**

.1

TO: Registration Section
Division of Corporations

# RIECT: Its All About You Servicing Co.

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

# Sherika Cody

Name of Person

# Its All About You Servicing Co.

Firm/Company

### 6406 N 45th street

Address

### Tampa FI 33610

City/State and Zip Code

### codysherika@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

### Sherika Cody

, 813 <u>3</u>80-2076

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the 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)

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#### **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

APPROVED
AND
FILED

13 OCT 15 PM 1: 36

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

to

### Articles of Amendment to Articles of Incorporation of

(Name of Corporation as currently file		ida Dept. of State)		
P12000065494		<del></del>		
(Document Number of	Corporation (if k	nown)		
Pursuant to the provisions of section 607,1006, Florida ts Articles of Incorporation:	Statutes, this <i>FI</i>	orida Profit Corporation ad	lopts the following ar	nendmen
A. If amending name, enter the new name of the co	rporation:			
DANGLE-N-DAZZLE ACCESSO	RIES CO.	•	Th	ie new
name must be distinguishable and contain the word "Corp" "Inc.," or Co.," or the designation "Corp. word "chartered." "professional association," or the	" "Inc," or "Ce	o". A professional corpora	rated" or the abbre	eviation
3. Enter new principal office address, if applicable Principal office address <u>MUST BE A STREET ADD</u>				
C. Enter new mailing address, if applicable: (Mailing address <u>MAY BE A POST OFFICE BO</u>	<u>X</u> )			
D. If amending the registered agent and/or register new registered agent and/or the new registered  Name of New Registered Agent	office address:		ne of the	
	(Florida stree	address)		
New Registered Office Address:		, Florida_		
	(City)		(Zip Code)	ř
New Registered Agent's Signature, if changing Reg Thereby accept the appointment as registered agent.		h and accept the obligation	s of the position.	
Signature of Ne	 w Registered Ag	ent, if changing		

# If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

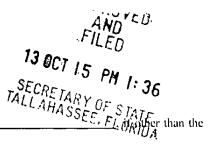
Please note the officer/director title by the first letter of the office title:

P = President: V = Vice President: T = Treasurer; S = Secretary; D = Director: TR = Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer: CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held. President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	<u>PT</u>	John Do	ç	
X Remove	<u>V</u>	Mike Jo	nes .	
_X Add	<u>sv</u>	Sally Sm	nith_	
Type of Action (Check One)	<u>Title</u>		Name	Address
1) Change		<del></del>		
Add Remove				
2) Change		_		<del> </del>
Add				
Remove				
3 ) Change Add		<del>-</del>		
Remove				
4) Change		<del></del>	<del></del>	
Add Remove				
5) Change				
Add		_		
Remove				
6) Change		_		
Add				
Remove				<del>- •</del> · · · ·

f an amendment provides for an exchange, reclassification, or cancellation of issued shares, provisions for implementing the amendment if not contained in the amendment itself:  (if not applicable, indicate N/A)	Attach <i>additional</i>	dding additional Arti sheets, if necessary).	(Be specific)			
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The date of each amendment(s)	adoption:
date this document was signed.	
Effective date <u>if applicable</u> :	(no more than 90 days after amendment file date)
•	(no more man 20 days agree amendment fire date)
Adoption of Amendment(s)	( <u>CHECK ONE</u> )
The amendment(s) was/were ac by the shareholders was/were s	dopted by the shareholders. The number of votes east for the amendment(s) sufficient for approval.
	oproved by the shareholders through voting groups. The following statement or each voting group entitled to vote separately on the amendment(s):
"The number of votes cas	st for the amendment(s) was/were sufficient for approval
by	(voting group)
	(voting group)
The amendment(s) was/were acaction was not required.	dopted by the board of directors without shareholder action and shareholder
The amendment(s) was/were action was not required.	dopted by the incorporators without shareholder action and shareholder
Dated_10/11/2	2013
Signature_	hirka M. Codex
select	director, president or other officer – if directors of officers have not been ted, by an incorporator – if in the hands of a receiver, trustee, or other court inted fiduciary by that fiduciary)
	SHERIKA M CODY
	(Typed or printed name of person signing)
	DIRECTOR
	(Title of person signing)