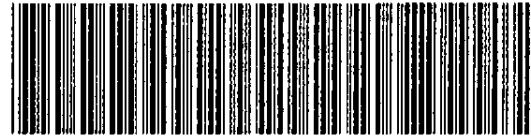


L110000003490



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02/16/11--01011--008 **25.00

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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TALLAHASSEE, FLORIDA

B. BOSTICK
FEB 16 2011
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Amber M Moran Custom Artwork LLC
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:

Amber M Moran
Name of Person

Amber M Moran Custom Artwork, LLC
Firm/Company

4561 Discovery Lane # 15
Address

West Palm Beach, FL 33417
City/State and Zip Code

ambermmoran@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amber Moran at (561) 572-1391
Name of Person Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

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)

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

Amber M Moran Custom Artwork, LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on January 10, 2011 and assigned Florida document number L11000003490.

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 end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

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SECRETARY OF STATE
PALM BEACH, FLORIDA

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

Amber M Moran

New Registered Office Address:

4561 Discovery Lane #15

Enter Florida street address

West Palm Beach

Florida

33417

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 608, 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.

[Signature]
If Changing Registered Agent, Signature of New Registered Agent

If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager or Managing Member being added or removed from our records:

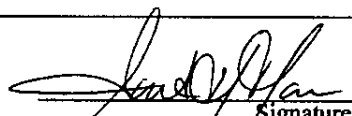
MGR = Manager
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Amber M Moran	4561 Discovery Lane #15 West Palm Beach, FL 33417	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary)*

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 TALLAHASSEE, FLORIDA

Dated _____


 Signature of a member or authorized representative of a member
 Amber M Moran
 Adam Moran
 Typed or printed name of signee



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 4, 2011

AMBER M. MORAN
AMBER M. MORAN CUSTOM ARTWORK LLC
4561 DISCOVERY LANE, #15
WEST PALM BEACH, FL 33417

SUBJECT: AMBER M MORAN CUSTOM ARTWORK, LLC
Ref. Number: L11000003490

11 FEB 15 PM 4: 07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

We have received your document for AMBER M MORAN CUSTOM ARTWORK, LLC and check(s) totaling \$25.00. However, your check(s) and document are being returned for the following:

The check submitted must be made payable to the Florida Department of State.

The document must be signed by a member or an authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6028.

Barbara Bostick
Regulatory Specialist II

Letter Number: 611A00003041