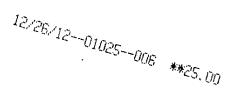
#[12000/28435

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP . WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400242950534



2 DEC 26 PM 5: 44

K. SALY EXAMINER DEC 2 8 2012

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: FORMAS & Shapes, 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:
Flavio DATORRE
FORMAS & Charles, LLC
1020 94th 5T - 5Fe. 402 Address
DAY HANDON ISLANDS, FL 33/54 City/State and Zip Code
F/AVIOGAT @ AOL . COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
F/AVIO DOTONIC at (305) 962-1862 Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$25.00 Filing Fee \$\Bigcup \text{\$30.00 Filing Fee & Certificate of Status}\$ \Bigcup \text{\$Certificate of Status}\$ \Bigcup \text{\$Certified Copy (additional copy is enclosed)}\$ \Bigcup \text{\$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

12 OEC 26 PM 5: 42

TALLAHASSEE, FLORIDA

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

(A Florida Limited Liability Company)

(<u>Name of the Limited Lf</u> (A FI	ability Company as it now appears on our recording Limited Liability Company)	ds.)
The Articles of Organization for this Limited Liab Florida document number 4/2000/284	ility Company were filed on/0/08//2 35	2 and assigned
This amendment is submitted to amend the follow	ing:	
A. If amending name, enter the new name of the ARChiTecTile LLC	e limited liability company here:	
The new name must be distinguishable and end with t 'L.L.C."	he words "Limited Liability Company," the design	ation "LLC" or the abbreviation
Enter new principal offices address, if applicab	le:	
(Principal office address MUST BE A STREET)	ADDRESS)	
Enter new mailing address, if applicable:		
(Mailing address MAY BE A POST OFFICE BO	<u></u>	
		<u></u>
B. If amending the registered agent and/or registered agent and/or the new registered offic	•	enter the name of the new
Name of New Registered Agent:		
New Registered Office Address:		· · · · · · · · · · · · · · · · · · ·
	Enter Florida str	eet address
		ida
	Citv	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.

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>	Name	Address	Type of Action
			Add
			Remove
			
	<u> </u>		Add
			Remove
			— []
			Remove
			Add
			Remove
			_ Add
			Remove
			-
			Add
			Remove

	<u> </u>			
				
	<u>.</u>			
Dec. 19th		, 20/2		
	~5			
		"/ MIN	-	

Page 3 of 3

Filing Fee: \$25.00