

LO3000049000

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

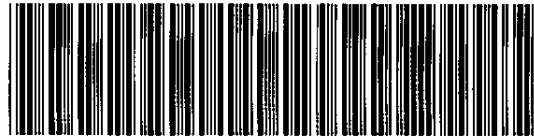
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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M. THOMAS

MAY 11 2009

EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: STUDIO A INTERIOR DESIGN 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:

STEPHANIE DUNCAN
Name of Person
STUDIO A INTERIOR DESIGN LLC
Firm/Company
23001 OAK PRAIRIE CIRCLE
Address
SORRENTO, FL 32776
City/State and Zip Code
stephanie@studiointeriordesign.com
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Stephanie K. Duncan at (352) 348-4088
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)

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

STUDIO A INTERIOR DESIGN 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 MAR 19, 2009 and assigned Florida document number L03000049000.

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)

23001 OAK PRAIRIE CIRCLE
SORRENTO FL 32776

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

23001 OAK PRAIRIE CIRCLE
SORRENTO, FL 32776

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:

BRUCE G. DUNCAN

New Registered Office Address:

308 EAST FIFTH AVENUE

Enter Florida street address

MOUNT DORA

City

Florida

32757

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.

Bruce G. Duncan
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	Stephanie K. Duncan	23001 OAK PRAIRIE CIRCLE SORRENTO FL 32716	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	ERIN E NELSON	9 NORTH EUSTIS STREET EUSTIS, FL 32726	<input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
			<input type="checkbox"/> Add <input type="checkbox"/> Remove
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			<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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 SECRETARY OF STATE
 TALAHASSEE FLORIDA

Dated May 5 2009
Stephanie K. Duncan
 Signature of a member or authorized representative of a member
STEPHANIE K. DUNCAN
 Typed or printed name of signee