L04000043561

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2009 APR -3 PM 1: 19
SECRETARY OF STATE

C. LEWIS

APR - 6 2009

EXAMINER

COVER LETTER

Division of Cor					
SUBJECT: SANTIT	O DESIGN LLC				
SUBJECT: OF INC.	(Name of Lim	ited Liability Company)			
The enclosed Articles of	Amendment and fee(s) are sub	omitted for filing.			
Please return all correspo	ndence concerning this matter	to the following:			
	FRANCISCO GARCIA				
		(Name of Person)			
	SANTITO DESIGN GROUP LLC				
		(Firm/Company)			
	10861 NE 11th AVENUE	•			
		(Address)			
	MIAMI, FL 33161				
		(City/State and Zip Code)			
For further information co	oncerning this matter, please of	ali:			
FRANCISCO GARCIA at (786) 201-1461					
(Name o	of Person)	(Area Code & Daytime T	elephone Number)		
Enclosed is a check for th	e 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

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

FILED

2009 APR -3 PH 1: 19

SECRETARY OF STATE TALLAHASSEE. FLORIDA

SANTITO 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 Lial Florida document number <u>L04000043561</u>	bility Company were filed on 06/10/2004	and assigned	
This amendment is submitted to amend the follow	ving:		
A. If amending name, enter the new name of t	the limited liability company here:		
SANTITO CREATIVE GROUP LLC			
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Company," the de	esignation "LLC" or the abbreviation	
Enter new principal offices address, if applical	ble:		
(Principal office address MUST BE A STREET	'ADDRESS)		
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE B			
B. If amending the registered agent and/or registered agent and/or the new registered offi		ds, <u>enter the name of the new</u>	
Name of New Registered Agent:			
New Registered Office Address:	(Enter Floria	da street address)	
	, Florida		
	(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.

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 = N	Aanaging Member		
<u>Title</u>	<u>Name</u>	Address	Type of Action
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D. If amend	ling any other informatio	n, enter change(s) here: (Attach additional sheets,	if necessary.)
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Dated MARC		2009 AM W W G AM GA where of a member or authorized representative of a member	FILE SECRETARY SECRETARY SECRETARY
		Typed or printed name of signee Page 2 of 2	R-3 PH 1: 19 ASSEE FLORIDA
		Filing Fee: \$25.00	9