

L05000029933

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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C. LEWIS
AUG 30 2010
EXAMINER

If you may
contact me at
954) 815 3339

If you have
any questions

Dana Lee

Address:

4095 State Rd 7
Suite L222
Wellington, FL
33449

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Daria Caldwell, 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:

Daria Hall
Name of Person

Firm/Company

4095 State Road 7
Address

Suite L222
Wellington, FL 33449
City/State and Zip Code

darl2@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daria Hall at 954 815-3339
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

FILED

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Darla Caldwell, LLC

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The Articles of Organization for this Limited Liability Company were filed on March 25, 2005 and assigned Florida document number L05000029933

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

Model Makers International, LLC.

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)

4095 State Road 7
Suite L222
Wellington, FL 33449

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

4095 State Road 7
Suite L222
Wellington, FL 33449

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:

Darla Hall

New Registered Office Address:

4095 State Road 7, Ste L222
Enter Florida street address

Wellington, Florida 33449
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 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>
MGRM	Darla Hall	4095 State Rd 7 Suite 1222 Wellington, FL 33449	<input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove
MGR	Investment Management & Consulting Group, Inc	6411 SW 7th St Margate, FL 33068	<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
_____	_____	_____	<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.)

Dated August 26, 2010

Darla Hall
Signature of a member or authorized representative of a member
Darla Hall
Typed or printed name of signee

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TALLAHASSEE, FLORIDA