

L05000045376

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

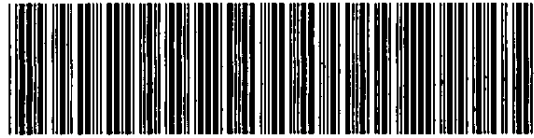
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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04/26/10--01076--002 **25.00

SECRETARY OF STATE
DIVISION OF CORPORATIONS
APR 26 PM 3:41

T. HAMPTON
APR 27 2010
EXAMINER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CSFH 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:

FLORIAN HUTTL
Name of Person

CSFH DESIGN LLC / FLORIAN FORM FUNCTION LLC
Firm/Company

2701 SW 3RD AV, #906
Address

MIAMI, FL 33129
City/State and Zip Code

jenny.hutt1@florianff.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

JENNY HUTTL at (305) 803.6288
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

CSFH DESIGN LLC

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

10 APR 26 PM 3:12
SECRETARY OF STATE
DIVISION OF CORPORATIONS

The Articles of Organization for this Limited Liability Company were filed on 05/09/2005 and assigned
Florida document number L05000045376.

This amendment is submitted to amend the following:

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

FLORIAN FORM FUNCTION 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)

2701 SW 3RD AV, #906
MIAMI, FL 33129

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

2701 SW 3RD AV, #906
MIAMI, FL 33129

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:

FLORIAN HUTTL

New Registered Office Address:

2701 SW 3RD AV, #906

Enter Florida street address

MIAMI, Florida 33129

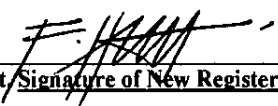
City

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:

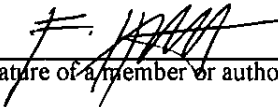
MGR = Manager
MGRM = Managing Member

| <u>Title</u> | <u>Name</u> | <u>Address</u> | <u>Type of Action</u> |
|--------------|---------------|---|--|
| MGRM | FLORIAN HUTTL | 8934 SW 129 TERR MIAMI, FL 33176 | <input type="checkbox"/> Add <input checked="" type="checkbox"/> Remove |
| MGRM | FLORIAN HUTTL | 2701 SW 3RD AV. #906 MIAMI, FL 33129 | <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove |
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D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.)

10 APR 26 PM 3:52
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

Dated 04/14, 2010.



 Signature of a member or authorized representative of a member
 FLORIAN HUTTL

 Typed or printed name of signee