

L05000123537

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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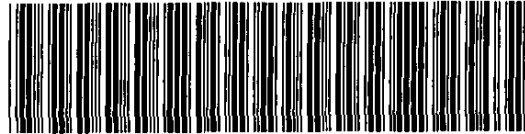
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF REGISTRATION
2006 MAY 24 PM 4:30

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ALL WALLS TEXTURE SERVICES, 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:

JEANETTE ROWE

(Name of Person)

ALL WALLS TEXTURE SERVICES, LLC

(Firm/Company)

228 CROWN OAKS WAY

(Address)

LONGWOOD, FL 32779

(City/State and Zip Code)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
2006 MAY 24 PM 4:30

For further information concerning this matter, please call:

JEANETTE ROWE

(Name of Person)

at (407) 491-4488

(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**

ALL WALLS TEXTURE SERVICES, LLC

(Present Name)
(A Florida Limited Liability Company)

FIRST: The Articles of Organization were filed on 12/30/2005 and assigned document number L05000123537.

SECOND: This amendment is submitted to amend the following:

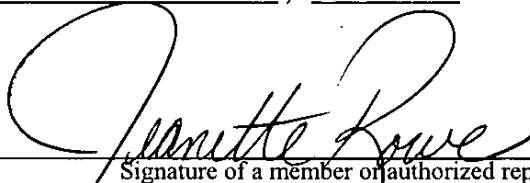
Please change the business name from "ALL WALLS TEXTURE SERVICES, LLC" to "INTERIOR MOTIVES, LLC" This change is to be made effective upon receipt.

Thank You!

JEANETTE ROWE

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2006 MAY 24 PM 4:30

Dated MAY 19, 2006



Signature of a member or authorized representative of a member

JEANETTE ROWE

Typed or printed name of signer

Filing Fee: \$25.00