## 106000012647

(Requestor's Name)  (Address)	10016045204
(City/State/Zip/Phone #)	
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(Business Entity Name)	
(Document Number)	SELAN PARELAN
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SEP 14 2009

EXAMINER

## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJ	ECT: birdled Your & Creofice Arts //C  Name of Limited Liability Company		
The en	nclosed Articles of Amendment and fee(s) are submitted for filing.		
Please	e return all correspondence concerning this matter to the following:		
	Ognielle Hope Hier Name of Person		
	Birdland Publishing LLC.		
	6201 6th Are NW.		
	City/State and Zip Code  Chier p gmail. Com  E-mail address: (to be used for future approximate report notification)	2003 S	protes space of
For fu	E-mail address: (to be used for future annual report notification)  urther information concerning this matter, please call:	SEP 11	de la constante de la constant
	Name of Person at (#4/) 526-6789  Area Code & Daytime Telephone Number	AMIO: 53	San Carried
Enclo	(additional copy is enclosed) Certified	te of Status &	ed)

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

(Name of the Limited Liabili	Creekine Arts 1/C	our records.)
(A Florida	a Limited Liability Company)	
The Articles of Organization for this Limited Liability	Company were filed on	and assigned
Florida document number	<u>'7</u> .	
This amendment is submitted to amend the following:		
A. If amending name, enter the new name of the lin	nited liability company here:	
Bindland Publish	July 15 page 1	
The new name must be distinguishable and end with the w	rds "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 ADD	PRESS)	En fig
		552 - 1
		TO R
Enter new mailing address, if applicable:		
• • • • • • • • • • • • • • • • • • • •	<del></del>	2 J
(Mailing address MAY BE A POST OFFICE BOX)		<u> </u>
	<del></del>	<u> </u>
B. If amending the registered agent and/or regis		ecords, enter the name of the new
registered agent and/or the new registered office ad	<u>dress here</u> :	
`		
Name of New Registered Agent:		
New Registered Office Address:		
	Enter Fl	orida 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 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:

<u>le</u>	<u>Name</u>	Address	Type of Actio
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			53 Add
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_ <u></u>	There is one owner - Danie	the ther.	<del></del>
 ted	9/7/09, Sept. 7th, Zo.	o <u>9</u> .	
	22	r or authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00