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(Re	questor's Name)	
	,	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	e #)
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COVER LETTER

	on Section of Corporations		
SUBJECT: IF F	ROOMS COULD TALK,	LLC .imited Liability Company)	
	(**************************************	······································	
The enclosed Artic	eles of Amendment and fee(s) are so	ubmitted for filing.	
Please return all co	prespondence concerning this matt	er to the following:	
	Susan R. Demartin	0	
		(Name of Person)	
			06
		(Firm/Company)	SECR. F.
	2869 NW 24 Way		PILED PH 12: 02 OF MAY 31 PH 12: 02 TALLAHISSEE FLORIDA TALLAHISE FLORIDA TALLAHISTEE FL
		(Address)	PH 12: 07
	Boca Raton, FL 33		STAT LOAM
	(Cit	y/State and Zip Code)	P P
For further information	ation concerning this matter, please	call:	
Susan	R. Demartino	at (561) 350-	1170
	(Name of Person)	(Area Code & Daytim	e Telephone Number)
Enclosed is a check to	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

IF ROOMS COULD TALK, LLC

	(Present Name) (A Florida Limited Liability Company)	٠		
FIRST:	The Articles of Organization were filed on document number L06000050578 and assigned			
SECOND:	This amendment is submitted to amend the following:			
	Article 1: The name of the Limited Liability Company shall be changed to:	0		
	Susan DeMartino, LLC	超	FILE PH 12: 02	3
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Dated Ma	ay 22, <u>2006</u>			
	Signature of a member of authorized representative of a member	_		
	Susan R. Demartino			
	Typed or printed name of signee	-		

Filing Fee: \$25.00