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| (Re                      | equestor's Name)  |           |  |  |  |
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| (City/State/Zip/Phone #) |                   |           |  |  |  |
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| (Do                      | cument Number)    |           |  |  |  |
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## **COVER LETTER**

|                    | gistration Section vision of Corporations  |   |
|--------------------|--|---|
| SUBJECT:           | Casa Mirella Design LLC  |   |
|                    | (Name of Limited Liability Company)  |   |
|                    | d Articles of Amendment and fee(s) are submitted for filing.  n all correspondence concerning this matter to the following:  |   |
|                    | Eric R Crawford  |   |
|                    | (Name of Person)   |   |
|                    | Casa Mirella Design LLC  |   |
|                    | (Firm/Company)   |   |
|                    | 2800 Glades Circle, Ste. 106   |   |
|                    | (Address)  |   |
|                    | Weston, FI 33327   |   |
|                    | (City/State and Zip Code)  |   |
| For further        | information concerning this matter, please call:   |   |
| E                  | ric R Crawford at 954 734-4355   |   |
|                    | (Name of Person) (Area Code & Daytime Telephone Number)  |   |
| Enclosed is a      | check for the following amount:  |   |
| <b>\$</b> 25.00 Fi | ling Fee \$\ \times \text{\$30.00 Filing Fee & Certificate of Status} \text{ Certified Copy (additional copy is enclosed)} \text{ \$\text{\$60.00 Filing Fee.} \text{ Certified to f Status & Certified Copy (additional copy is enclosed)} \text{ \$\text{\$\text{\$cartified Copy (additional copy is enclosed)}} \text{ \$\text{\$\text{\$\text{\$cartified Copy (additional copy is enclosed)}}} \text{ \$\text{\$\text{\$\text{\$\text{\$cartified Copy (additional copy is enclosed)}}} \text{ \$\text{\$\text{\$\text{\$\text{\$cartified Copy (additional copy is enclosed)}}} \text{ \$\text{\$\text{\$\text{\$\text{\$\text{\$cartified Copy (additional copy is enclosed)}}} \text{ \$\text{\$\text{\$\text{\$\text{\$\text{\$cartified Copy (additional copy is enclosed)}}} \text{ \$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$cartified Copy (additional copy is enclosed)}}}}  \$\text{\$ | ) |

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

| Ca               | asa Mirella Design, LLC  |                                |          |
|------------------|--|--------------------------------|----------|
| - <del>-</del> - | (Present Name) (A Florida Limited Liability Company)   |                                |          |
|                  |  |                                |          |
|                  |  |                                |          |
|                  |  |                                |          |
| FIRST:           | The Articles of Organization were filed on October 23, 2006 and a document number L06000102769 | assigned                       |          |
| SECOND:          | This amendment is submitted to amend the following:  |                                |          |
|                  | Name Change from Casa Mirella Design, LLC to   |                                |          |
|                  | Studio Milano, LLC   |                                |          |
|                  | Studio Milano, LLC members are :   |                                |          |
|                  | 1. Eric R Crawford-62%   |                                |          |
|                  | 2. Diana Moreno-19%  |                                |          |
|                  | 3. Jackie Caputo-19%   |                                |          |
|                  |  |                                |          |
|                  |  |                                |          |
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|                  |  | ASSIN ASSIN                    |          |
| No               | 2006   | 1113                           |          |
| Dated NO         | ovember 27   | PM 1:2<br>OF STATI<br>E FLORID | ,        |
|                  | 9 R. (a)   | 21<br>ATE<br>RIDA              | -315×M** |
|                  | Signature of a member or authorized representative of a member                                 |                                |          |
|                  | Eric R Crawford  |                                |          |
|                  | Typed or printed name of signee  |                                |          |

Filing Fee: \$25.00