

L07000040397

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

AUG 25 2010

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: NOTHING ORIGINAL, 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:

ABAN SONIA CLEGG.  
Name of Person NEW NAME

ARTISANS AGENCY, LLC.  
Firm/Company

164 NW. 20<sup>TH</sup> ST. # 203.  
Address

MIAMI - FL. 33127  
City/State and Zip Code

ABANSONIA@ARTISANSAGENCY.COM.  
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

ABAN SONIA CLEGG at (305) 766-8386  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 29, 2010

ABAN SONIA CLEGG  
ABAN SONIA ARTISANS, LLC  
888 BISCAYNE BLVD. #4804  
MIAMI, FL 33132

SUBJECT: NOTHING ORIGINAL, LLC  
Ref. Number: L07000040397

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10 AUG 25 AM 11:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for NOTHING ORIGINAL, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You completed the wrong form

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan  
Regulatory Specialist II

Letter Number: 910A00015886

Dear Sir / Ms.,

I have already made a payment  
via check for \$35.00 for the  
filing fee ~~for~~ Certificate of Status.

I am including the letter I received  
from the Dept of state that proves this.  
Please feel free to call / email me if  
there are any complications. Thank you.

— ABAN Sonia Cing.  
Artisans Agency.



(305) 766-8386.  
ABANSONIA@ARTISANSAGENCY.COM

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10 AUG 25 AM 11:44  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION  
OF

NOTHING ORIGINAL, LLC.

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

The Articles of Organization for this Limited Liability Company were filed on 04/16/2007 and assigned  
Florida document number L070000040397.

This amendment is submitted to amend the following:

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

ARTISANS AGENCY, 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)

164 NW 20th St. #203  
MIAMI - FL. 33127

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

164 NW 20th St. #203  
MIAMI - FL. 33127

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:

New Registered Office Address:

Enter Florida 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:

MGR = Manager

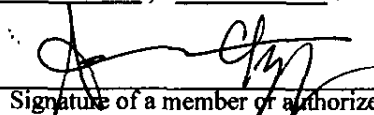
MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input 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.)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Dated 08/10/2010

  
Signature of a member or authorized representative of a member

ABAN SONIA CLEGG.  
Typed or printed name of signee

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