L07000061229

(Re	equestor's Name)			
(Ad	Idress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	MAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s.of Status		
Special Instructions to Filing Officer:				

Office Use Only



000157678820

07/06/09--01042--012 **25.00

SECRETARY OF STATE DIVISION OF CORPORATIONS

09 JUL -6 PH 3: 45

T. HAMPTON

JUL - 7 2009

EXAMINER

COVER LETTER

TO: Registration Division of	n Section Corporations				
SUBJECT:	Claudia N	lasra Design LLC			
	Name of Limited Liability Company				
The enclosed Articles	s of Amendment and fee(s) are su	bmitted for filing.			
Please return all corre	espondence concerning this matte	r to the following:			
		Claudia Nasra			
Claudia Nasra		Name of Person			
		udia Nasra Design LLC	.		
		Firm/Company			
6122 Southard Street					
		Address			
	Wes	st Palm Beach, FL 3341	1		
		City/State and Zip Code			
	E mail addrass:	loneloncpa@aol.com (to be used for future annual report	t notification)		
For further information	on concerning this matter, please		anothication)		
	Claudia Nasra	at (_561_)	267-5672		
Nai	me of Person	Area Code & D	aytime Telephone Number		
Enclosed is a check f	or the following amount:				
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	\$55,00 Filing Fee & Certified Copy (additional copy is enc	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)		
MAILING ADDRESS: Registration Section Division of Corporations		Registration S			
P.O. Box 6327		Division of Corporations Clifton Building			

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327 Tallahassee, FL 32314

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Claudia Nasra Design, 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 June 11, 2007 Florida document number <u>L</u>070006/229 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: Giaconelli - Masra Interior Design, LLC

The new name must be distinguishable and end with the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." 129 N. Federal Highway Suite 201-A Cake Worth, FZ 33460 Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) 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: GOT HERITAGE DRIVE Ste. 114 New Registered Office Address: Enter Florida street address . Florida *33458*

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. Thereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

or Managing Member being added or removed from our records: MGR = Manager MGRM = Managing Member **Type of Action** <u>Title</u> <u>Name</u> **Address** Dario Carlos Giacomelli 148 OHIO ROAD MGR ☐ Add Remove ☐ Add ☐ Remove ∏ Add ☐ Remove □Add Remove Remove D. If amending any other information, enter change(s) here: (Attach additional sheets, if necessary.) Dated _ June 26 Signature of a member or authorized representative of a member Claudia Nasra Typed or printed name of signee

· If amending the Managers or Managing Members on our records, enter the title, name, and address of each Manager

Page 2 of 2

Filing Fee: \$25.00