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SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 NOV 29 PM 12:25

NOV 30 2012
T. HAMPTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Giacomelli-Nasra Interior Design, 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:

Claudia Nasra

Name of Person

Giacomelli-Nasra Interior Design, LLC

Firm/Company

6122 Southard Street

Address

West Palm Beach, FL 33411

City/State and Zip Code

claudianasradesign@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Claudia Nasra

Name of Person

at (**561**) **267-5672**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$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**

SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 NOV 29 PM 12:25

Giacomelli-Nasra Interior 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 06/11/2007 and assigned
Florida document number L0700061229.

This amendment is submitted to amend the following:

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

Claudia Nasra 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."

Enter new principal offices address, if applicable:

6122 Southard Street

(Principal office address MUST BE A STREET ADDRESS)

West Palm Beach, FL 33411

Enter new mailing address, if applicable:

6122 Southard Street

(Mailing address MAY BE A POST OFFICE BOX)

West Palm Beach, FL 33411

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:

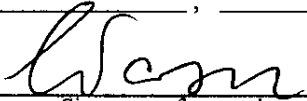
MGR = Manager

MGRM = Managing Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
MGR	Claudia Nasra	6122 Southard Street	<input checked="" type="checkbox"/> Add
		West Palm Beach, FL 33411	<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
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D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

Dated November 27th, 2012



Signature of a member or authorized representative of a member

Claudia Nasra

Typed or printed name of signee

Page 3 of 3

Filing Fee: \$25.00

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