LD800001608

(Requestor's Name)					
- (Ad	dress)				
(Ado	dress)				
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	of Status			

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L. SELLERS

AUG 21 2009

EXAMINER

Office Use Only



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SECRETARY OF STA

COVER LETTER

Division of Corporations					
SUBJECT: Chris's Studios 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:					
Scott Grason Name of Person					
Chris's Studios Firm/Company					
13172 Wand Ct. N.					
West Palm Beach, F1. 33412 City/State and Zip Code					
E-mail address: (to be used for future annual report notification)					
For further information concerning this matter, please call:					
Courtney Lieberman at 500 894-015 Name of Person Area Code & Daytime Telephone Number					
Enclosed is a check for the following amount:					
\$25.00 Filing Fee \$\ \times \text{\$30.00 Filing Fee & Certificate of Status} \text{\$\text{Certified Copy (additional copy is enclosed)}} \text{\$\text{\$\text{So.00 Filing Fee & Certified Copy (additional copy is enclosed)}} \text{\$\text{\$\text{Certified Copy (additional copy is enclosed)}}} \text{\$\text{\$\text{\$\text{certified Copy (additional copy is enclosed)}}} \text{\$\text{\$\text{\$\text{certified Copy (additional copy is enclosed)}}}} \text{\$\text{\$\text{\$\text{\$\text{certified Copy (additional copy is enclosed)}}}} \$\text{\$\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



June 4, 2009

SCOTT GLEASON 2424 N. CONGRESS AVENUE WEST PALM BEACH, FL 33409

SUBJECT: CHRIS'S STUDIOS LLC

Ref. Number: L08000016008

We have received your document for CHRIS'S STUDIOS LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Enclosed are the most recent "Articles of Amendment" forms available to file. Please complete that form and return it for processing.

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) 245-6967.

Letter Number: 909A00018852

Leslie Sellers Regulatory Specialist II

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Chris's Studio (Name of the Limited Liability Compa	S LLC inv as it now appears on our records.)
(Name of the Limited Liability Compa (A Florida Limited)	Liability Company)
The Articles of Organization for this Limited Liability Company	were filed on October 10,2008 and assigned
Florida document number <u>LO800010008</u> .	
This amendment is submitted to amend the following:	
A. If amending name, enter the new name of the limited liab	pility company here:
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Company," the designation "LLC" or the abbreviation
	N_{Λ}
Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS)	
Trucipa office address MOST BE A STREET ADDRESS,	
	1.
Enter new mailing address, if applicable:	N/A
(Mailing address MAY BE A POST OFFICE BOX)	
B. If amending the registered agent and/or registered of	ffice address on our records, enter the name of the new
registered agent and/or the new registered office address her	
	AS 9
Name of New Registered Agent:	THEY LIEDERMAND STORY
New Registered Office Address:	Enter Florida street address •
	He z m
	City , Florida
New Registered Agent's Signature, if changing Registered Agent	2≥ N
	-
I hereby accept the appointment as registered agent and agi the provisions of all statutes relative to the proper and comp	ree to act in this capacity. I further agree to comply with plete 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>	Address	Type of Action
ngem	Courtney Lieberman	Lake worth, Fl. 33461	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendi	ng any other information, enter change(s) here: (Attach additional sheets, if necessary.)	
		Þ	SECRETAR
Dated	Courtney Niels	enma	ILED 19 PH 4: 20 1ARY OF STATE
	Courtney L	r authorized representative of a member	

Page 2 of 2

Filing Fee: \$25.00