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EXAMINER



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SECRETARY OF STATE
ALL AHASSEF FLORIDA

15,

COVER LETTER

Division of Co		٨ .				
SUBJECT:	Stampi	ng School LLC				
SUBJECT:		ted Liability Company				
The enclosed Articles of	f Amendment and fee(s) are sub	omitted for filing.				
Please return all corresp	ondence concerning this matter	to the following:				
		Linda Heller				
		Name of Person				
Firm/Company						
	2100 Derbyshire RD Address					
		Maitland, FL. 32751				
	•	City/State and Zip Code	 			
	Lir E-mail address: (ndastamps@cfl.rr.com to be used for future annual report noti	lication)			
For further information	concerning this matter, please of	all:				
	_inda Heller	at (_407_)	435 8084 ne Telephone Number			
Name	or reason	Alea Couc & Day un	receptone number			
Enclosed is a check for	the following amount:					
\$25.00 Filing Fee	✓\$30.00 Filing Fee & Certificate of Status	S55.00 Filing Fee & Certified Copy (additional copy is enclosed	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)			
	LING ADDRESS:	STREET/COUR Registration Section				
Registration Section Division of Corporations		Division of Corporations				

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

	Stamping School LLC						
(<u>Name of the Limited I</u> (A)	Liability Company as it now appear Florida Limited Liability Company)	s on our records.)					
The Articles of Organization for this Limited Lia Florida document number L08000043	• • •	04/29/2008	and assigned				
Fiorida document number							
This amendment is submitted to amend the follow	wing:						
A. If amending name, enter the new name of	the limited liability company her	<u>e</u> :					
The new name must be distinguishable and end with "L.L.C."	the words "Limited Liability Compa	ny," the designation "Ll	LC" or the abbreviation				
Enter new principal offices address, if applica	ble:	5	mag Direct of				
(Principal office address MUST BE A STREET							
		7	Z				
		Š	19 T				
Enter new mailing address, if applicable:							
(Mailing address MAY BE A POST OFFICE BOX)			1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2				
B. If amending the registered agent and/o registered agent and/or the new registered off		our records, enter th	e name of the new				
Name of New Registered Agent:	Nathan Green						
New Registered Office Address:	New Registered Office Address: 1973 Longwood Lake Mary Road Suite 1001						
Enter Florida street address							
	Longwood	, Florida	32750				
	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>	Name	Address	Type of Action
MGRM	HELLER, LINDA	2100 DERBYSHIRE ROAD MAITLAND FL 32751	Add Remove
<u>MGRM</u>	HELLER, MATTHEW	2100 DERBYSHIRE ROAD MAITLAND FL 32751	✓ Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amendin	g any other information, ente	r change(s) here: (Attach additional sheets, if necessary.)	_
			_
Dated Apri	1 13	2011 . / /	
	Signature of a	member or authorized representative of a member	
-		HELLER, MATTHEW Typed or printed name of signee	

Page 2 of 2

Filing Fee: \$25.00