## L08000048278

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
L08-48 à 78 (Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
A. LUNT

NOV - 6 2009

**EXAMINER** 

Office Use Only



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SECRETARY OF STATE
TALL AHASSEE FLORID.



October 30, 2009

LORENA LUGO 12784 NW 9TH TERRACE MIAMI, FL 33182

SUBJECT: THE ART OF I DO, LLC

Ref. Number: L08000048278

We have received your document for THE ART OF I DO, 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):

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) 245-6094.

Letter Number: 309A00034435

Agnes Lunt Regulatory Specialist II attr. Agner Lunt

P.O. Box 6327 Tallahassee; FL 32314

## **COVER LETTER**

Division of Co			٠	
SUBJECT:	The Ar	t of I Do, LLC		
	Name of Limit	ted Liability Company		
The enclosed Articles o	f Amendment and fee(s) are sub	mitted for filing.		
Please return all corresp	oondence concerning this matter	to the following:	•	
		Name of Person		under un en en
	A	Alan R Berliner, P.A.		Zin Zin
		Firm/Company		28 5
	224	Alan R Berliner, P.A.  Firm/Company  224 Commercial Blvd # 306  Address  Lauderdale By The Sea, FL 33308  City/State and Zip Code  alanberliner@bellsouth.net  E-mail address: (to be used for future annual report notification)  his matter, please call:  ner  at (954)  202-0202  Area Code & Daytime Telephone Number  g amount:  0 Filing Fee & \$60.00 Filing Fee,		
		Address		
	Lauderd	dale By The Sea. Ft. 33308.		F10
			<u></u>	PATE:
	alan	berliner@bellsouth.net		<b>&gt;</b>
For further information	concerning this matter, please concerning this matter,	~	· ·	
,	New Deathern	054	200 0000	
	Alan Berliner of Person			
Enclosed is a check for	the following amount:			
\$25.00 Filing Fee	\$30.00 Filing Fee & Certificate of Status	Certified Copy	Certificate Certified C	of Status & Copy
Regis	LING ADDRESS: tration Section	STREET/COURIE Registration Section	l .	

Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

The Art of	I Do, LLC		
( <u>Name of the Limited Liability Compa</u> (A Florida Limited I	ny as it now appear Liability Company)	<u>s on our records.</u> )	
The Articles of Organization for this Limited Liability Company	were filed on	5/14/08	and assigned
Florida document numberL08000048278			
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the limited liab	oility company her	<u>e</u> :	
Contempo Linen and	Event Rentals, l	LLC	
The new name must be distinguishable and end with the words "Lim"L.L.C."	ited Liability Compa	my," the designation	"LLC" or the abbreviation
Enter new principal offices address, if applicable:	7091 SW 47t	h Street	
(Principal office address MUST BE A STREET ADDRESS)	Miami, FL 33	155	A SE 200
			<u> </u>
Enter new mailing address, if applicable:			SS 5
(Mailing address MAY BE A POST OFFICE BOX)			PM 2: 1
			<b>9</b>
B. If amending the registered agent and/or registered o registered agent and/or the new registered office address her		our records, <u>ente</u>	r the name of the new
Name of New Registered Agent:			
New Registered Office Address:	En	ter Florida street (	address
	En		
	City	, Florida	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, <u>enter the title, name, and address of each Manager or Managing Member being added or removed from our records</u>:

<u> Fitle</u>			
	Name	Address Type of Ac	ction
		Add	
		Remove	
		Add	
		Remove	
		Add Remove	
		Pin S	
	·-	Add Remove	<b>4</b> /m
		ASS. I	
			\$**7
		—————————————————————————————————————	E B
		RDF 19	* Objects
		Add	
D. If amen	ding any other information, enter	r change(s) here: (Attach additional sheets, if necessary.)	
<u></u>			
<u> </u>		,	
  		,	
	November 3	2009	
	November 3 ,	<u>2909</u>	
   Dated	John	2009 prember of a member	

Page 2 of 2

Filing Fee: \$25.00