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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

SEP 1 4 2009

EXAMINER

COVER LETTER

TO:

Registration Section

Division o	f Corporations		
SUBJECT:	LanMar D	esign Group, LLC	
	-	ited Liability Company	
The enclosed Articl	es of Amendment and fee(s) are su	bmitted for filing.	
Please return all con	rrespondence concerning this matte	r to the following:	
		Marilan Martinez	
		Name of Person	
	Lar	nMar Design Group, LLC	
		Firm/Company	mu.i
	113	1135 Southwest 94th Avenue	
		Address	ART SE
		Miami, Florida 33174	ARY SSEE
		City/State and Zip Code	RY OF STATE SEE. FLORID
	mar	ilan@lanmardesign.com	
	E-mail address:	to be used for future annual report notification	STATE FLORIDA
For further informa	tion concerning this matter, please	call:	18
	Marilan Martinez	at (305) 733-	5834
N	ame of Person	Area Code & Daytime Telep	phone Number
Enclosed is a check	for the following amount:		
\$25.00 Filing Fe	ce \$\begin{align*} \preceq \text{\$30.00 Filing Fee & Certificate of Status} \end{align*}	\$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
R D P.	IAILING ADDRESS: egistration Section division of Corporations O. Box 6327 allahassee, FL 32314	STREET/COURIER A Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301	

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

LanMar	Design Group, LL	С	
(<u>Name of the Limited Liabilit</u> (A Florida	y Company as it now appe Limited Liability Company	ears on our records.)	
The Articles of Organization for this Limited Liability (Company were filed on	August 8, 2009	and assigned
Florida document number L08000064194	<u>_</u> .		
This amendment is submitted to amend the following:			
A. If amending name, enter the new name of the lim	nited liability company h	ere:	
The new name must be distinguishable and end with the wo "L.L.C."	ords "Limited Liability Com	pany," the designation "L	LC" or the abbreviation
Enter new principal offices address, if applicable:	<u> </u>		O9
(Principal office address MUST BE A STREET ADD	RESS)		ASS STATE
			SEE
Enter new mailing address, if applicable:			
(Mailing address MAY BE A POST OFFICE BOX)			유주 <u>의</u>
B. If amending the registered agent and/or registered agent and/or the new registered office add		our records, enter the	ne name of the nev
Name of New Registered Agent:			
New Registered Office Address:	L	Inter Florida street addr	*ABB
	E		C33
	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, 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
MGRM	Reinaldo Martinez	1135 Southwest 94th Avenue Miami, Florida 33174	Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
			Add Remove
D. If amen	ding any other information, enter	change(s) here: (Attach additional sheets, if necessary	,)
<u>C</u>	hange Reinaldo Martinez fron	m MGR to MGRM	O9 SEP A
<u></u>			LED RYPOF, STATE
Dated	September 7 ,	2009 Laile 1 Lat	
	Signature of a	member or authorized representative of a member	
		Marilan Martinez Typed or printed name of signee	<u>.</u>

Page 2 of 2

Filing Fee: \$25.00